Quality of Life Prosthodontics
Alejandro Urdaneta DDS, Prosthodontist
Advanced Esthetic, Implant & Reconstructive Dentistry
Practice Limited to Prosthodontics and Implant Therapy

AMERICAN COLLEGE OF PROSTHODONTISTS
Your smile. Our specialty.

Appointment Date & Time:_____ Referred By:_____

Introducing:_____ Date of Birth:_____

Patient Phone: (Home)_____ (Work)_____ (Cell)_____

Please evaluate this patient for location: ❑ Maxilla ❑ Mandible ❑ Tooth #_____

- ❑ Complete Denture
- ❑ Immediate Denture
- ❑ Removable Partial Denture
- ❑ Implant Overdenture
- ❑ Fixed Partial Denture (Bridge)
- ❑ Crown #_____ ❑ Survey for RPD
- ❑ Implant Therapy
- ❑ Occlusal Rehabilitation
- ❑ TMJ Evaluation
- ❑ Sleep Apnea screening / appliance
- ❑ Smile Reconstruction
- ❑ Other_____

Radiographs: ❑ Will be emailed ❑ Please take any film needed

PLEASE EMAIL COMPLETED FORM TO: qolpros@gmail .com or FAX TO: 949-830-7935
******Map of our location is on the back***

24953 Paseo De Valencia, Suite 5-C • Laguna Hills, CA 92653 MAP
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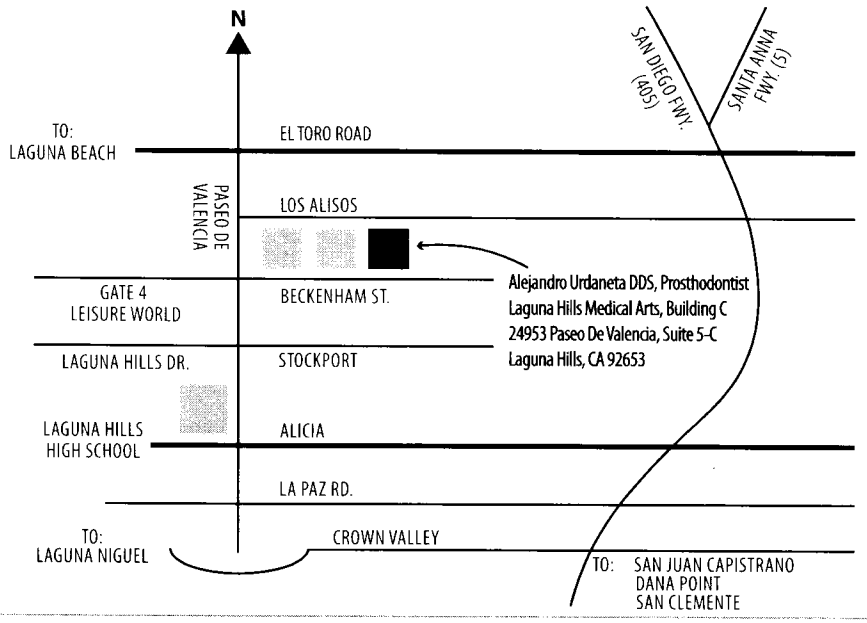

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