

PROSTHODONTICS REFERRAL FORM

Date

Patient Name

Contact Number Contact email

Referred by Dr.

Referred to: Dr. Barewal Dr. Bompolaki First Available

REFERRAL FOR:

- Complete prosthodontic examination
- Full Mouth Rehabilitation
- Evaluation of localized area
- Implant Reconstruction
- Sleep apnea evaluation oral therapy *(include sleep study results if available)*
- TMJ consultation
- Other

RADIOGRAPHS:

Current radiographs are necessary and will be taken if not available.

Mailed on: Please take

e-mailed: scheduling@fusiondentalspecialists.com

P: 503.653.2299

M: scheduling@fusiondentalspecialists.com

Location:
 Mount Scott II Professional Center
 9300 SE 91st Avenue, Suite 403
 Happy Valley, Oregon 97086


