

FUSION

DENTAL SPECIALISTS

PROSTHODONTICS REFERRAL FORM

Date

Patient Name

Contact Number

Contact email

Referred by Dr.

Referred to:

Dr. Bompolaki

Dr. Andrianto

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

