



**Practice Limited to Prosthodontics**

19990 W Greenfield Ave  
Town of Brookfield, WI 53045

**Appointments: (262) 787-0677**

www.prosthodonticsolutions.com  
Map on Reverse Side

Patient: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Date of referral: \_\_\_\_\_

Referred for:

- Prosthodontic Evaluation / Consultation  
  Implant dentistry  
  Other  
 Fixed Prosthodontic Reconstruction  
  Anterior esthetic work  
  Complete / Partial Denture(s)

Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Recent Full mouth series or Panorex  
REQUIRED prior to all examinations**

- Patient will bring
- With referral letter/email
- Please take

NOTE: Patients are returned to referring doctor for regular care upon completion of requested treatment.



Telephone: **(262) 787-0677**

Visit us on the internet: [www.prosthodonticsolutions.com](http://www.prosthodonticsolutions.com)

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