



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:**

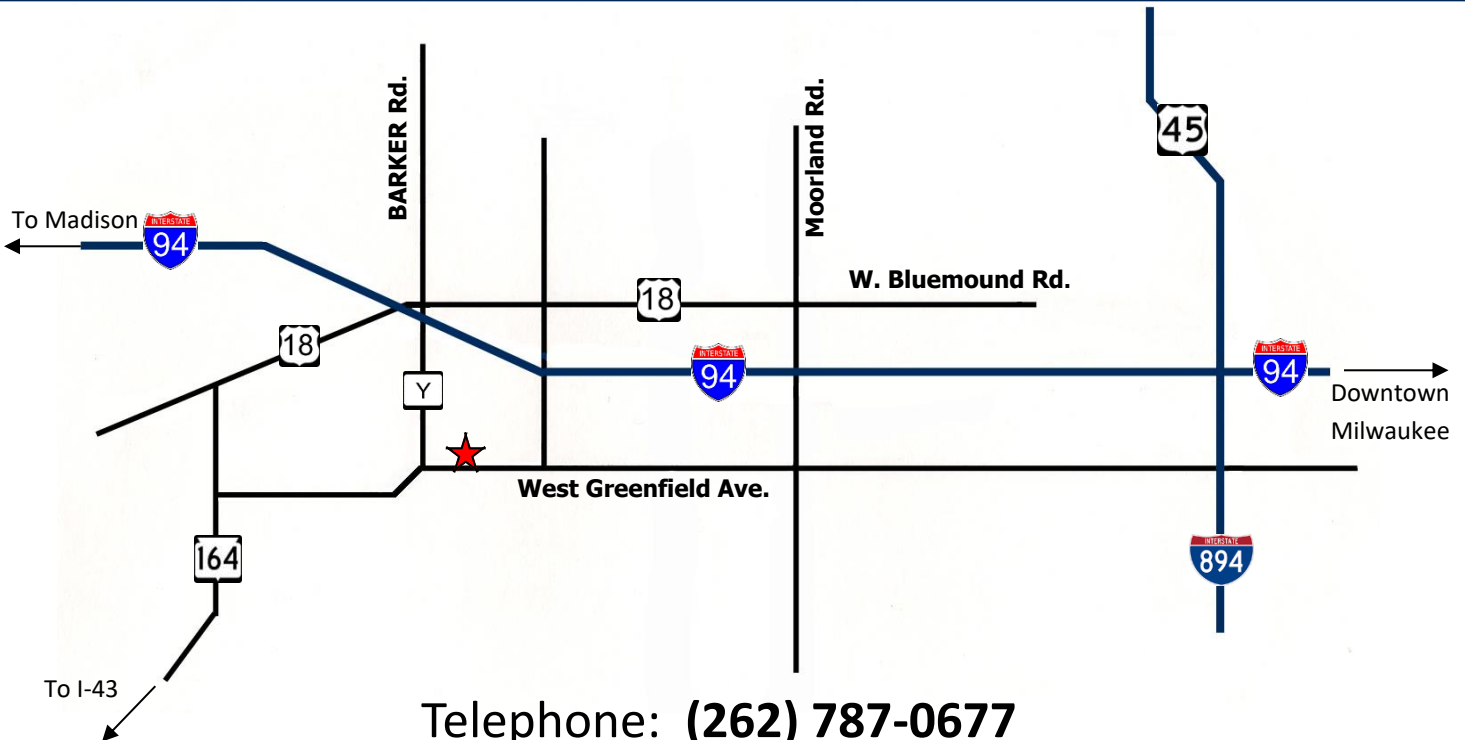
- Prosthodontic Evaluation / Consultation
 Implant dentistry
 Other
 Fixed Prosthodontic Reconstruction
 Anterior esthetic work
 Complete / Partial Denture(s)

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.



Visit us on the internet: www.prosthodonticsolutions.com

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