DENTALCENTRES.COM
DR. ALI KHADIVI

PROSTHODONTIST

Referred by: _____ Date: _____

Dr.'s Address: _____ Telephone: _____

Patient's Name: _____ Telephone: _____

X-rays Available: _____

Reason for referral:

__ Oral & Maxillofacial Prosthodontic Consultation
__ Cosmetic Consultation & Treatment
__ Prosthodontic Consultation & Treatment
__ Implant Pre-Surgical Planning
__ Implant Placement
__ All-On-Four Planning & Restoration
__ TMD/TMJ Assessment & Treatment
__ Full Mouth Rehabilitation
__ Pre-Chemoradiation Dental Assessment
__ Radiation Stent Fabrication

Comments:

Appointment: M T W TH F S Date:_____ Time: _____

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