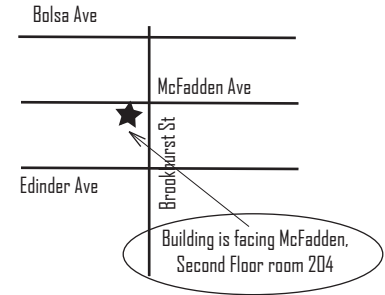




- Jenny Le, DDS - Prosthodontist / Maxillofacial Prosthetics**
- Natalie Tung, DDS, MD - Oral Surgeon**
- Iman Madi, DMD - Periodontics**

9900 McFadden Ave. Ste 204, Westminster, CA 92683

P: (714) 852 3357 | Email: ocprostho@gmail.com | www.ocprostho.com



Patient Name: _____ Date of Birth _____ Date _____

Reason for referral: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Consultation / Exam | <input type="checkbox"/> Wisdom Tooth Extraction | <input type="checkbox"/> Oral Biopsy |
| <input type="checkbox"/> Complete or Partial Denture | <input type="checkbox"/> All on 4 Implants | <input type="checkbox"/> Exposure of Impacted Teeth |
| <input type="checkbox"/> Implant Retained Denture | <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dental Implant | <input type="checkbox"/> Gum Recession | _____ |
| <input type="checkbox"/> Full Mouth Reconstruction | <input type="checkbox"/> Crown Lengthening | _____ |
| <input type="checkbox"/> Obturator | <input type="checkbox"/> Periodontal Disease | |

Referring Doctor Name _____ Phone _____