

Please fax to 423.265.8206 and/or give this page to the patient.



Date: _____

Patient Name: _____

Patient Phone: _____

Please evaluate for:

complete dentures(s):

upper

lower

removable partial denture

implant-supported prosthesis:

crown & bridge

fixed detachable

removable denture

maxillofacial prosthesis:

obturator

palatal lift

full mouth rehabilitation:

excessive wear

TMJ

cancer

trauma

other: _____

Remarks: _____

Referred by Dr.: _____

Patient has an appointment: Date: _____ Time: _____

Patient will call 423.265.6685 to schedule an appointment.

Visit **baldreedds.com** for directions and more info about our office.