



PROSTHODONTIC DENTISTRY
PRECISION DENTAL & IMPLANT CENTER
 Prosthodontist: **Dr. Reza Edalati** DDS, MS

- PROSTHODONTICS REFERRAL FORM -

Referring Dentist: Phone #: Fax #:

Patient's Name: Patient's Phone #:

Chief Concern / Complaint:

Past Dental History:

Special Concerns:

Prosthodontic Care That May Be Required: (Check all boxes that apply to this patient)

Removable Prosthodontics: _____

- Complete Denture: (circle one: upper / lower / both)
- Partial Denture: (circle one: upper / lower / both)
- Immediate / Interim Denture: (circle one: upper / lower / both)
- Overdenture: (circle one: upper / lower / both)
- Reline to Existing Denture
- Other (specify):

+ EMERGENCY

- Broken Denture
- Base Broken Denture
- Tooth Broken Clasp

Fixed Prosthodontics: _____

Crown: # Bridge (fixed partial denture):

Post and Core / Build Up: # Veneer: #

Inlay: # Onlay: #

Emergency (specify):

Other (specify):

Implant Prosthodontics: _____

- Single Tooth Implant: #
- Multiple Teeth Implant #'s:
- Implant Supported Dentures

Reconstruction (Circle One: Full-Mouth / Partial Mouth): _____

- Teeth Involved: #

Patient's Vertical Dimension of Occlusion is: _____

- Excessive (needs to be decreased)
- Reduced (needs to be increased)

Miscellaneous: _____

Demanding Patient (give brief history):

TMD Complaint (give brief history):

PLEASE FAX OR EMAIL COMPLETED FORM TO:

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