



5136 Village Creek Dr #501
Plano, TX 75093
972-931-1777
office@prodentaldallas.com

Referring Dentist Name _____ Date _____
Dentist's Phone Number _____

Patient's Name _____ Phone Number _____

Chief Concern or Complaint _____

Special Concerns _____

Prosthodontic Care That May Be Required: (check the boxes that apply and then circle the arch that applies)

Removable Prosthodontics:

- | | | | | |
|---|---------------------|----------------------|--------------|------|
| <input type="checkbox"/> Complete Denture | | Upper | Lower | Both |
| <input type="checkbox"/> Partial Denture | | Upper | Lower | Both |
| <input type="checkbox"/> Immediate/Interim Denture | | Upper | Lower | Both |
| <input type="checkbox"/> Overdenture | | Upper | Lower | Both |
| <input type="checkbox"/> Emergency Visit | Broken Denture Base | Broken Denture Tooth | Broken Clasp | |
| <input type="checkbox"/> Reline to Existing Denture | | | | |
| <input type="checkbox"/> Other (specify) _____ | | | | |

Fixed Prosthodontics:

- | | | | |
|---|-------|-------|------|
| <input type="checkbox"/> Crown (tooth #) _____ | | | |
| <input type="checkbox"/> Veneer (tooth #) _____ | | | |
| <input type="checkbox"/> Bridge (teeth #) _____ | | | |
| <input type="checkbox"/> Inlay (tooth #) _____ | | | |
| <input type="checkbox"/> Onlay (tooth #) _____ | | | |
| <input type="checkbox"/> Other (specify) _____ | | | |
| <input type="checkbox"/> Implants (teeth #) _____ | | | |
| <input type="checkbox"/> Hybrid Dentures | Upper | Lower | Both |

Reconstruction:

- ☐ Full Mouth
- ☐ Partial Mouth (teeth involved) _____

Patient's vertical dimension on occlusion is:

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