

ADVANCED PROSTHODONTICS & TMD CENTER

A Regenerative Specialty Dental Practice

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Patient Name:		Phone/Email	
Referring Provider		Date	

Reason for Referral (check all that apply):

- ☐ TMD / TMJ Pain
- ☐ Jaw Locking / Clicking
- ☐ Occlusal Disharmony
- ☐ Fixed Prosthodontics
- ☐ Removable Prosthodontics (Complete and Partial dentures)
- ☐ Full Mouth Rehabilitation/ Worn Dentition
- ☐ Implant Prosthodontics
- ☐ Sleep / Airway Evaluation
- ☐ Regenerative / Biologic Therapy
- ☐ Veneers/ Cosmetic Dentistry
- ☐ Second Opinion
- ☐ Other:

Notes / Clinical Concerns:

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Thank you for your referral!