Dr. GARY Krueger, D.D.S. / C.D.T.
Diplomate, American Board of Prosthodontics
Certified Dental Technician

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Patient: _____

Home Phone #: _____ Work Phone #: _____

Appointment Date: _____ Referred By: _____

For:

- ☐ Complete Dentures
- ☐ Removable Partial Dentures
- ☐ Prosthetic Reconstruction Following Head and Neck Surgery
- ☐ Facial Prosthesis
- ☐ Oral Sleep Apnea / Snoring Appliance
- ☐ Implant Reconstruction
- ☐ Crown and Bridge Prosthodontics
- ☐ Oral Evaluation for Radiation Therapy
- ☐ TMD/TMJ Evaluation

X-rays: ☐ Mailed ☐ Given to Patient ☐ Please Take

Study Casts: ☐ Given to Patient ☐ Not Taken

Medical Alert: _____

_____

Remarks or Special Instructions: _____

_____

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_____ _____

Referring Doctor's Signature Date