

BILL GATES DDS MS

Prosthodontics and Family Care
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Patient Name: _____ Date: _____

Referring Doctor: _____

Reason for Referral

- Implants, single and/or multiple units
- Implant Supported Dentures (Hybrid, Fixed-Retained)
- Implant Retained Overdenture
- Restorative Treatment
- Conventional Dentures, Removable Partial Dentures
- Consultation

Teeth (areas) for evaluation and treatment

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Remarks: