MIDWEST DENTAL SPECIALISTS

Mariana Mambrini Soldatelli, D.D.S. - Prosthodontics
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Introducing: _____

Date: _____ **Patient Phone #:** _____

Referred by Dr.: _____

- ☐ Prosthodontic Examination: Area _____
  _____
- ☐ Comprehensive Periodontal Examination
- ☐ Limited Examination: Area _____
- ☐ Crown Lengthening ☐ Frenum
- ☐ Bone Loss ☐ Gingival Graft
- ☐ Implant Examination: Area _____

Orofacial :

- ☐ TMJ Disorders ☐ Sleep Apnea/Snoring ☐ Facial Pain
- ☐ Other _____

Radiographs:

- ☐ Please take full mouth survey
- ☐ Please take x-ray of area
- ☐ We are sending x-rays

Comments: _____

_____

Appointment Date & Time: _____