DENTAL PROSTHODONTICS
OF ROCHESTER

ISAAC KUYUNOV D.M.D.
PROSTHODONTIST

REFERRAL INFORMATION

INTRODUCING _____

REFERRED BY _____

DATE _____

REFERRED FOR

- ☐ COMPLETE DENTURES
- ☐ SLEEP APNEA
- ☐ PARTIAL DENTURES
- ☐ ESTHETIC EVALUATION
- ☐ FIXED PROSTHESIS- TEETH #'S: _____
- ☐ IMPLANT PROSTHESIS- TEETH #'S: _____
- ☐ OCCLUSAL ANALYSIS, TMD, HEAD/NECK PAIN

- ☐ CONSULT ONLY
- ☐ CONSULT AND TREATMENT

NOTES:

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RADIOGRAPHS AND PHOTOGRAPHS:

☐ GIVEN TO PATIENT ☐ BEING MAILED ☐ BEING EMAILED ☐ PLEASE TAKE

APPOINTMENT DATE: _____ **TIME:** _____

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