



JOSH A. RENK, DDS, MSD

PATIENT INFORMATION

Patient Name: \_\_\_\_\_
Patient Phone: \_\_\_\_\_
Referring Doctor: \_\_\_\_\_
Date: \_\_\_\_\_

TREATMENT FOR PATIENT MAY INVOLVE THE FOLLOWING:

- Complete Dentures
Immediate Dentures
Overdentures
Removable Partial Dentures
Obturator
Occlusal Analysis/Therapy
Cosmetic Dentistry
Crown and Bridge Treatment
Total Mouth Rehabilitation
Sleep Apnea Appliance
Dental Implant Planning
Dental Implant Restoration

Comments:

Three horizontal lines for writing comments.

REMINDERS FOR THE PATIENT

Please bring this referral sheet and the following to the first appointment:

- x-rays; if given to you by your referring doctor
a list of medications you are currently taking
any dental prosthesis which you are wearing or having trouble wearing

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