



# FORT WAYNE PROSTHODONTICS

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Introducing: \_\_\_\_\_

Referred by: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

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For directions please refer to the map located on the back of this form.

Patients are seen for an initial consultation to determine the nature of the problem. Special x-rays may be taken at the time. In some instances, a second appointment may be necessary to collect detailed information. Impressions and records required for a proper diagnosis and treatment plan.