DentalHealth SPECIALISTS

7965 Custer Rd St. #114
Plano, TX 75025

Patient Information:

Full Name: ______________________________________ DOB: _________________

Cell: _____________________________ Home: ______________________________

Email: ____

Office Information:

Referred By: ____

Office Telephone: ____

Radiographs Provided:

- ▫ FMX
- ▫ BWX
- ▫ PAN
- ▫ CBCT

Evaluation Requested:

Fixed Prosthodontics

- ▫ Implants
- ▫ Crown + Bridge
- ▫ Veneers
- ▫ Hybrid

Removable Prosthodontics

- ▫ Partial Dentures
- ▫ Complete Dentures
- ▫ Immediate Dentures
- ▫ Implant Overdentures

Additional Procedures

- ▫ TMD / TMJ Pain
- ▫ Erosion / Wear
- ▫ Sleep Appliance
- ▫ Other

Chief Complaint: ____

Clinical Findings / Remarks:

Email: dhs.plano@gmail.com | Tele: (469) 300-6664 | Fax: (469) 864-8414