PONTE VEDRA
FAMILY DENTISTRY

Joshua E. Perry, DMD, MS
Board Certified Prosthodontist
7000 Sawgrass Village Circle • Ponte Vedra Beach, FL 32082
904.280.1200 ph | 904.280.0001 fax
front@pvdds.com | www.pontevedrafamilydentistry.com

Prosthodontic Referral

Introducing _____

Home Phone _____ Work Phone _____

Appointment

- ❑ Patient is scheduled on
- ❑ Please call patient for appointment
- ❑ Patient will call for appointment

Radiographs

- ❑ FMS
- ❑ Panoramic
- ❑ Periapical
- ❑ Have been mailed/emailed
- ❑ Provided to patient
- ❑ Please take films as needed

Please evaluate for

- ❑ Fixed prostheses (crown/bridges)
- ❑ Removable prostheses
- ❑ Implant prostheses
- ❑ Implant planning and placement
- ❑ Maxillofacial prostheses
- ❑ TMJ therapy
- ❑ Consultation
- ❑ Other or limited prosthodontic care

Comments regarding referral _____

_____

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_____

_____

Referred by Dr. _____

Telephone _____ Date _____

❑ Please return patient for general care to referring dentist

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