REFINE
PROSTHODONTICS
Robert Lesniak, D.D.S.

780.459.3044 refineprosthodontics.com Suite 202-225 Carleton Drive, St. Albert, Alberta. Canada T8N 4J9

PATIENT'S INFORMATION:

NAME: _____ TELEPHONE: _____

EMAIL: _____ D.O.B.: _____

ADDRESS: _____ CITY: _____

INSURANCE POLICY HOLDER NAME: _____ POLICY/ID: _____

CONSULTATION REGARDING:

- ☐ IMPLANTS
- ☐ REMOVABLE PROSTHETICS
- ☐ FIXED PROSTHETICS
- ☐ TMD
- ☐ FULL MOUTH REHABILITATION
- ☐ AESTHETICS/VENEERS
- ☐ SECOND OPINION
- ☐ SPECIFIC AREA: _____

OTHER REMARKS: _____

APPOINTMENT:

- ☐ PLEASE CONTACT PATIENT
- ☐ PATIENT WILL CONTACT OFFICE
- ☐ SCHEDULED FOR: _____

RECORDS:

- ☐ EMAILED
- ☐ MAILED
- ☐ NONE
- ☐ OTHERS: _____

CONSULTATION REPORT:

- ☐ PLEASE EMAIL
- ☐ PLEASE MAIL
- ☐ PLEASE CALL
- ☐ NONE REQUIRED

REFERRED BY: _____

TELEPHONE: _____ EMAIL: _____

PLEASE EMAIL THIS FORM TO INFO@REFINEPROSTHODONTICS.COM OR FAX TO 780.419.6136