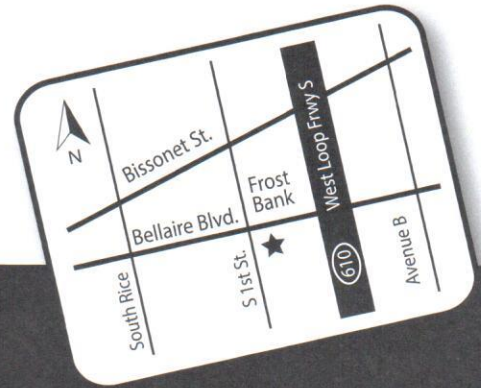




Sergio Ortegon DDS, MS

Diplomate of the American Board of Prosthodontics

IMPLANT & RECONSTRUCTIVE DENTISTRY



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Referred by:

Dr.: _____

Contact#: _____

Patient's Name: _____

Reason for Referral:

Comprehensive Evaluation _____

Complete Dentures _____

Partial Dentures _____

Crown and Bridge _____

Maxillofacial Prosthetics _____

Other _____



We are sending:

FMX BWX PAX PANO OTHER

Please take necessary radiographs

Following evaluation:

Provide limited treatment

Provide comprehensive treatment

Provide no treatment, request evaluation only

Contact me

Thank you for your referral