PREMIER
DENTAL PARTNERS

Collin M. Stutz, DDS, MD
Diplomate, American Board of
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314-256-2135| PDPOldBallasOS@mydentalmail.com
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Today's Date ____________________ Patient's DOB ____________________

Patient Name ____

Patient Phone/Email ____

Patient Insurance Plan Name ____

Patient Insurance ID# ________________ Insurance Group # ________________

Referring Doctor/Office ____

Office Phone/Email ____

I have referred the above patient to you for:

- ☐ Teeth Extractions
- ☐ Corrective Jaw Surgery
- ☐ Pathology
- ☐ Dental Implant(s)
- ☐ TMD
- ☐ Anesthesia
- ☐ Soft Tissue Grafting
- ☐ Cosmetic Procedures
- ☐ Other (explain below)

UPPER

				A	B	C	D	E	F	G	H	I	J				
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	**L**
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				T	S	R	Q	P	O	N	M	L	K				

LOWER

ADDITIONAL INFORMATION/COMMENTS

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REFERRING OFFICE INFORMATION

Available Radiographs (within last year) ☐ FMX ☐ Panorex ☐ PA

Planned Restorative Treatment ____

REFERRING OFFICE: SCAN AND EMAIL WITH RELEVANT RADIOGRAPHS TO
PDPOLDBALLASOS@MYDENTALMAIL.COM

Dear Patient - We look forward to serving you. Please call us at 314-256-2135 to schedule an appointment. At your first visit required x-rays will be taken if not available. Please bring a list of all medications and supplements you are currently taking. Please arrive 15 minutes early to complete registration paperwork.