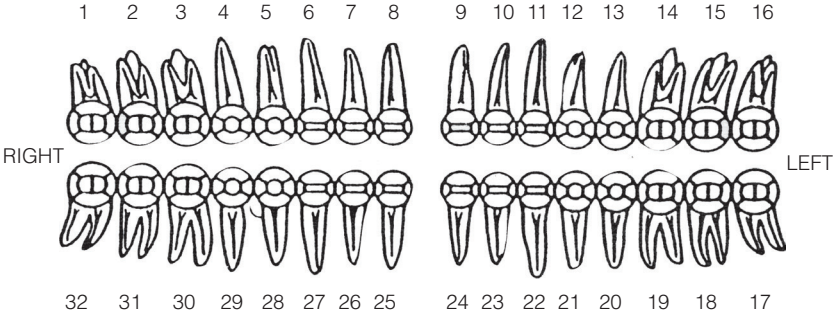
Sundome Crossing
Dental Care

Dr. Mahdi Ali
DMD, MPH, MHSM
Prosthodontist

Name: _____ Date: _____

Referred By: _____

Please indicate reason for visit and circle the teeth involved:



Reason for Referral

- ☐ Implants
- ☐ Sinus Augmentation
- ☐ IV Sedation
- ☐ Extractions (including wisdom teeth)
- ☐ Bone Graft
- ☐ Full mouth reconstruction
- ☐ All on 4
- ☐ Cosmetic Dentistry
- ☐ Dentures or Partials
- ☐ CT Scan
- ☐ TMJ
- ☐ Other_____

Comments:

_____

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_____

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SundomeCrossingDentalCare.com

To ensure an efficient referral process please send perio charting, individual x-rays, pano, all pertinent diagnostic, please call to coordinate the visit and email all necessary individual x-rays to sundomecrossingdc@mydentalmail.com