



**Christine Lee, DMD, MMSc, FACP**  
***Board Certified Prosthodontist***

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10 Berkeley St, Upper Suite, Norwalk, CT 06850

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**Referred for:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Comprehensive care       | <input type="checkbox"/> Implant therapy                                 | <input type="checkbox"/> Occlusal analysis         |
| <input type="checkbox"/> Crowns                   | <input type="checkbox"/> Sleep appliance                                 | <input type="checkbox"/> Smile design              |
| <input type="checkbox"/> Complete/partial denture | <input type="checkbox"/> Multi-specialty (please<br>Specify in comments) | <input type="checkbox"/> Full mouth reconstruction |
| <input type="checkbox"/> Hybrid/All-on-4          |  |  |

**Please note:**

- Consultation and diagnosis only
- Please proceed with treatment
- Please call to discuss before proceeding with treatment

X- rays:     Given to patient     Enclosed     Emailed     Please take

**Other information:**

- Please call patient to schedule an appointment
- Patient will call you to schedule an appointment

**Referring Doctor's Comments:**

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