

**Kendra S. Schaefer, DMD, LLC**  
**Prosthodontics of Madison**  
Practice Limited to Prosthodontics

prosthodonticsofmadison.com  
4002 Monona Drive  
Madison, WI 53716

Tel: 608-222-6606  
Fax: 608-222-2532

Introducing Pt. \_\_\_\_\_ Date \_\_\_\_\_

Home Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_ Cell # \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_ Patient will call to schedule an appointment

\_\_\_\_ Appointment has been scheduled for \_\_\_\_\_

\_\_\_\_ Please call patient to schedule an appointment

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**LOCATION AND NATURE OF CONCERN**

- \_\_\_\_ Maxilla
- \_\_\_\_ Mandible
- \_\_\_\_ Complete Dentures
- \_\_\_\_ Partial Dentures
- \_\_\_\_ Crowns and/or Bridges
- \_\_\_\_ Implant Prostheses
- \_\_\_\_ Facial Pain

**DIAGNOSTIC INFORMATION AVAILABLE**

- \_\_\_\_ Diagnostic Casts
- \_\_\_\_ X-Rays
- \_\_\_\_ CT Scan
- \_\_\_\_ MRI

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Comments: \_\_\_\_\_

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