Since 1992
Children & Adult Dentistry
Scott C. Schwartz, DDS (Pediatric and Adult Dentistry)
Nodesh Shyamsunder, DMD (Prosthodontist, Oral Maxillofacial Prosthetic)
7250 College Parkway Suite # 5, Fort Myers, FL 33907
(239) 939-7070

Prosthodontics Referral Form

Nodesh Shyamsunder B.D.S

Oral & Maxillofacial Prosthodontist, Implant Dentistry

7250 College Parkway Suite #5, Fort Myers, FL 33907
Phone: 239-939-7070 Fax: 239-939-0250

Referring Doctor:_____Phone #:_____Fax:_____

Patient's Name:_____Patient's Phone #:_____

Chief Concern:_____

Prosthodontic Care That May Be Required: (check all boxes that apply for this patient)

Removable Prosthodontics:

Complete denture (circle one: upper/ lower) Partial denture (circle one: upper/lower)
Overdenture (circle one: upper/lower)
Other (specify): _____

Fixed Prosthodontics:

Full mouth reconstruction Complicated esthetic consideration
Failing restoration Crown/Bridge: #_____
other (specify):_____

Implant Placement/Restoration:
Implant Placement: #_____ Immediate implant: #_____

Implant supported dentures #_____ Implant restoration:

Maxillofacial Prosthesis (obturator madibular prothesis):
Trauma Cancer Development defect Cleft lip & palate
Complicated reconstruction Speech aid appliance
TMD complaint (give brief history):_____

Vertical Dimension: DecreaseIncrease

Evaluate **Emergency:**

Broken denture Broken tooth Implant complication
Other (specify):_____

Notes:_____
_____
_____

I wish to maintain future recall of this patient. No Yes

PLEASE FAX COMPLETED REFERRAL FORM TO: 239-939-0250

WE DO NOT PARTICIPATE WITH MEDICARE OR MEDICAID.