



EXCELLENCE BY CHOICE

OLYMPIA FAMILY & COSMETIC DENTISTRY

IMPLANTS • COSMETICS • DENTURES • RECONSTRUCTIONS

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Referral Introduction

Introducing _____ Date _____

Daytime Telephone _____

Referred By _____ Phone _____

Date of Appointment _____ Time _____

Referred For:

- Implant Prosthodontics
- Fixed Prosthodontics
- Removable Prosthodontics
- Comprehensive Examination and Treatment

Patient Has:

- Periodontal Commitment with Dr. _____
- Panoramic Radiograph
- Complete Periapical Survey
- No Current Applicable Radiographs
- CT Scan

Comments: _____

When is the best time to follow-up with you on the patient's treatment?

Thank you!