Oasis
PROSTHODONTICS
Your smile is our specialty.

OASIS PROSTHODONTICS
Marina Funtik
DMD • MS • FACP
Diplomate, American Board of Prosthodontics

Patient Name: _____ DOB: _____ Date: _____

Patient Contact Information:

Address: _____

City/State/Zip: _____

Phone: _____

email: _____

Appointment:

- ☐ already scheduled
- ☐ please contact patient
- ☐ patient will contact Oasis Prosthodontics
- ☐ date

Reason for referral: _____

_____

_____

Radiographs:

- ☐ emailed to **office@oasisprosthodontics.com**
- ☐ mailed
- ☐ sent with patient
- ☐ none available

Consult Report:

- ☐ in-writing, via email
- ☐ in-writing, emailed
- ☐ by phone

Referred by: *(please print)* _____

Referring Doctor's phone number: _____

office@oasisprosthodontics.com

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