

St. George Center
FOR SPECIALIZED DENTISTRY
 Expert solutions for challenging dental problems

Rodney L Andrus, DDS, MS, FACP
BOARD CERTIFIED PROSTHODONTIST

640 East 700 South #104
 St. George, UT 84770
 P: (435) 674-3100 F: (435) 674-4345
 www.stgeorgedentalimplants.com
 info@stgeorgedentalimplants.com

Date: _____

Patient: _____

Referring Doctor: _____

Referring Doctor's Phone: _____

Primary Care Dentist: _____

We are conveniently located on the first floor of the three-story Morningside Office Building behind Little Caesars Pizza.

To save time during your visit, you may download our patient forms in advance from our website at www.StGeorgeDentalimplants.com

We look forward to serving you!



What is a PROSTHODONTIST? Visit www.gotopro.org

PLEASE MARK THE AREAS TO BE TREATED:

R	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

REFERRED DUE TO:

- | | |
|---|---|
| <input type="checkbox"/> Implants | <input type="checkbox"/> Bruxism |
| <input type="checkbox"/> Fixed Reconstruction | <input type="checkbox"/> Sleep Apnea Dental Appliance |
| <input type="checkbox"/> Removable Dentures | <input type="checkbox"/> Imaging |
| <input type="checkbox"/> Occlusion | <input type="checkbox"/> Other |
| <input type="checkbox"/> TMD | |

NOTES: _____

COORDINATING EXPECTATIONS:

- Please treat as necessary.
- Please plan treatment with referring office.
- Please refer for other specialty treatment as necessary.
- Please coordinate other specialty referral with referring office.
- Please see all recalls.
- Please coordinate recalls with referring office.