



CENTER FOR
DENTAL RESTORATIONS

Pamela A. MacPherson, DDS, FACP
Board Certified Prosthodontist
4033 Third Avenue, Suite 300
San Diego, CA 92103
(619) 294-9525 FAX (619) 294-4083
www.centerfordentalrestorations.com

PATIENT: _____ PHONE #: _____

CONSULTATION FOR:

RADIOGRAPHS:

BEING MAILED

ACCOMPANYING PATIENT

PLEASE TAKE NEW RADIOGRAPHS

COMPLETE DENTURES

IMPLANTS

REMOVABLE PARTIAL DENTURES

CROWNS AND BRIDGES

ESTHETIC EVAL

TMD/TMJ EVAL.

VENEERS

OTHER

COM-

MENTS: _____

REFERRING DOCTOR: _____ DATE: _____

