

**JAMES W. CHERBERG, D.D.S., M.S.D., P.S.**

*Certified Specialist in Prosthodontics*

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Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Referred by: \_\_\_\_\_

Consultation regarding: \_\_\_\_\_

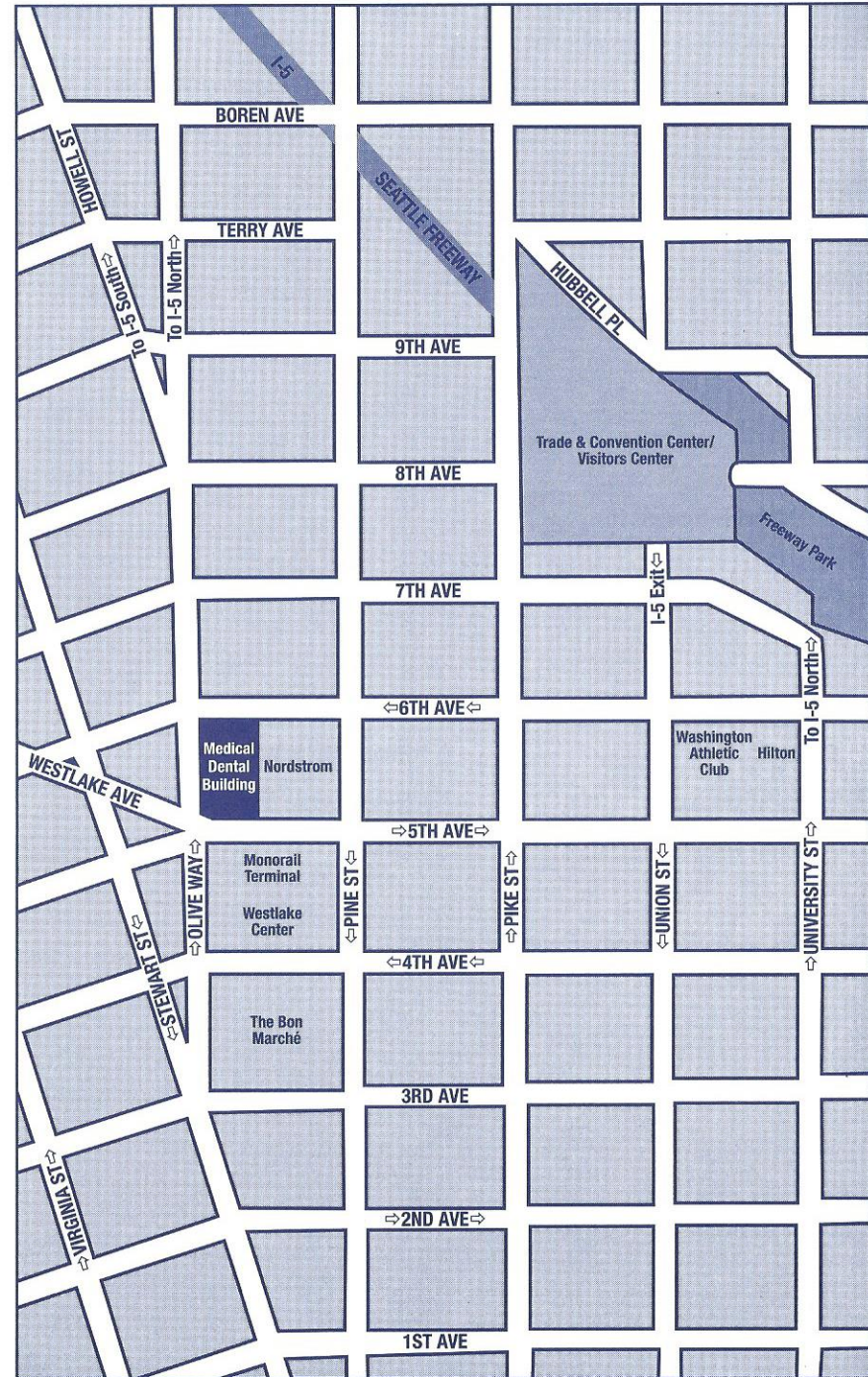
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Esthetics          | <input type="checkbox"/> Fixed Prosthesis     |
| <input type="checkbox"/> Rehabilitation     | <input type="checkbox"/> Removable Prosthesis |
| <input type="checkbox"/> Implant Prosthesis | <input type="checkbox"/> Other                |

Remarks to facilitate your patient's visit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current radiographs:  Required  Enclosed



Please refer to map on reverse side