



PROSTHODONTICS
A SMILE YOU OWN

Dr. Rakan Baaj

DDS, MSc, PhD, Cert. Prostho, FRCD(c)

(905) 683-3700

73 Old Kingston Rd, Ajax, ON, L1T 3A6

info@rbprosthodontics.com | rbprosthodontics.com

PATIENT'S INFORMATION:

Name: _____ Telephone: _____

Date: _____ Email: _____

CONSULTATION REGARDING:

- | | |
|--|--|
| <input type="checkbox"/> Implants | <input type="checkbox"/> Full-Mouth Rehabilitation |
| <input type="checkbox"/> Removable Prosthetics | <input type="checkbox"/> Aesthetics/Veneers |
| <input type="checkbox"/> Fixed Prosthetics | <input type="checkbox"/> Second Opinion |
| <input type="checkbox"/> TMD | <input type="checkbox"/> Specific Area: _____ |

OTHER REMARKS:

Empty box for other remarks.

Appointment:

- Schedule for: _____
- Please contact patient
- Patient will contact office

Records:

- Emailed
- Mailed
- None
- Other: _____

Consultation Report:

- Please mail
- Please email
- Please call
- None required

Referred By:

Telephone:

Email:

