SOBCZAK | WENCEL
DENTISTRY

Randall R. Sobczak D.D.S., F.A.G.D.
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Introducing_____ Date_____

Address_____

Hm Phone_____ Wk Phone_____ Cell Phone _____

Referred by Dr._____ Office Phone_____

□ Please call for an appointment
□ Appointment Date_____
□ X-ray needed
□ Current x-ray enclosed

Pertinent Medical Information _____

Reason for referral_____

Extractions (Please mark area (s) on the chart below)

□ Extractions (As Indicated)

□ Wisdom Teeth (3rd Molars)

□ Impactions

Dental Implants (Please mark area(s) on the chart below)

□ Referring Doctor Will Complete Case

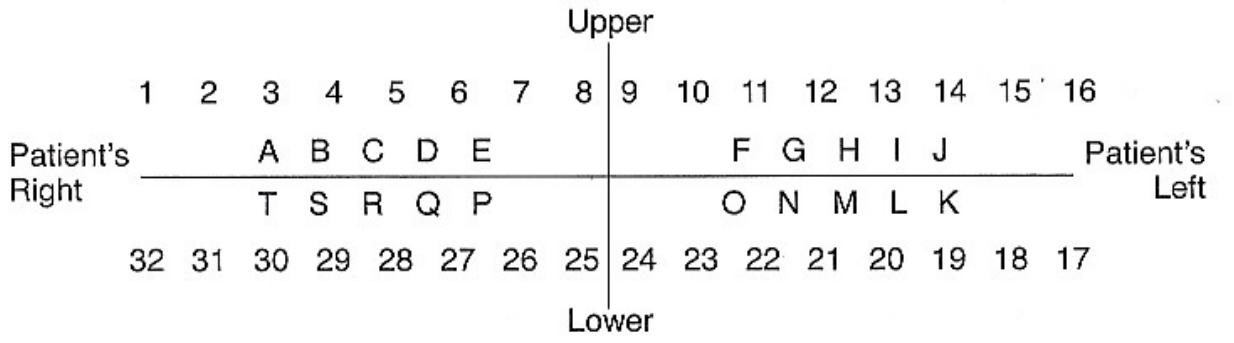
□ Referring Doctor Prefers Dr. Sobczak to Complete Prosthetics

Prosthetics (Please mark area(s) on the chart below)

□ Ridge Preservation/Osseous Grafting

□ Current Periodontal charting enclosed

□ Partials/Dentures

□ Referring Doctor Will Complete Case

□ Referring Doctor Prefers Dr. Sobczak to Complete Prosthetics