

**Abhay Bedi, B.D.S., D.M.D., M.S.**  
**PRACTICE LIMITED TO PROSTHODONTICS**

2 Beverly Drive, Sterling MA, 01564

Tel: (978) 422-6152

thesterlingdentist.com

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

Patient: \_\_\_\_\_

Referring Dr: \_\_\_\_\_

Phone: \_\_\_\_\_

***How may we assist your patient and you in the treatment of your patient?***

☐ Please examine completely and comprehensively treatment plan

☐ Localized Focus: \_\_\_\_\_

Most recent FMX taken on: \_\_\_\_\_ Panoramic on: \_\_\_\_\_

Please check all that apply:

☐ Please take necessary radiographs

☐ FMX will be supplied via mail

☐ FMX will be brought to consultation by patient

☐ Please call our office

☐ Prosthetic / restorative plans, comments, concerns, case description

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