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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
