



**Dr. Devi, DDS, MS, FICOI**  
PROSTHODONTIST

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**PROSTHODONTICS, IMPLANTS & COSMETIC DENTISTRY**

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

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

Referring Doctor: \_\_\_\_\_

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

**REASON FOR REFERRAL:**

- TMD/PAIN
- OCCLUSAL ANALYSIS/ADJUSTMENT
- POST ORTHODONTIC OCCLUSAL ADJUSTMENT
- DENTURES FOR MODERATE TO SEVERE RIDGE RESORPTION
- RECONSTRUCTION WITH CHANGES IN VDO
- RECONSTRUCTION WITH IMPLANTS
- ALL ON 4
- IMPLANT RETAINED OVERDENTURE
- WORN DENTITION
- SLEEP APNEA
- DIFFICULT SMILE ENHANCEMENT

**REMARKS:**



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