WISCONSIN DENTAL SOLUTIONS

Implants • Dentures • IV Sedation

Peter Lotowski DMD
Phone (608) 834-6321 Fax (608) 834-2981

Date of Referral _____ Introducing _____

Referring Dr. _____ Phone _____ Email _____

❑ Please call patient to schedule an appointment Phone _____

❑ Patient will call to schedule appointment

❑ Appointment has been scheduled for _____

Current Radiographs:

❑ Pano/FMX_____ ❑ PA _____

Email digital x-rays to: *info@dentalsolutions4you.com*

For which of the following services is your patient being referred?

Evaluations

- ❑ Dental Implants
- ❑ IV Sedation
- ❑ Cosmetic
- ❑ Full Mouth Rehab

Dentures

- ❑ Conventional
- ❑ Implant Supported
- ❑ Fixed
- ❑ Removable

Partial Dentures

- ❑ Conventional
- ❑ Implant Retained

Remarks:

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"Dental Solutions For Extraordinary Needs"

OFFERING FREE CONSULTATIONS

1260 W Main Street • Sun Prairie, WI 53590 • info@dentalsolutions4you.com

www.dentalsolutions4you.com