



David Fulks DDS - General Dentist
 2607 E Main St • Columbus, OH 43209
 Phone: 614-237-3781 Fax: 614-237-4519
 referrals@fulksfamilydental.com

Date: _____

Patient: _____

Date of Birth: _____

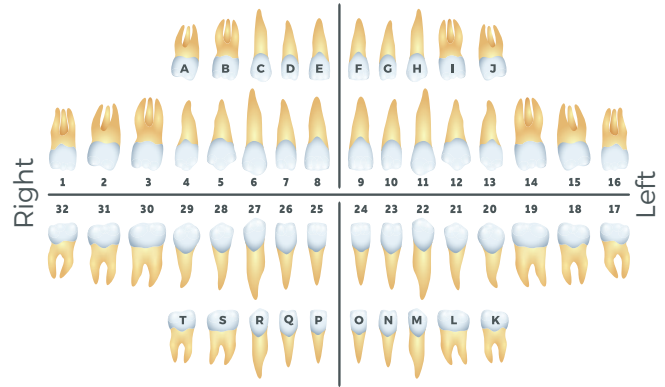
Patient Phone Number: _____

Referring Dentist: _____

Office Phone Number: _____

Services Needed:

- | | |
|--|--|
| <input type="checkbox"/> Implant Placement | <input type="checkbox"/> Expose and Bond |
| <input type="checkbox"/> Implant Supported Dentures | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> Bone Grafting / Tissue Grafting | <input type="checkbox"/> Extractions |
| <input type="checkbox"/> Crowns / Crown Lengthening | <input type="checkbox"/> Wisdom Teeth |
| <input type="checkbox"/> Patient Requests IV Sedation | |
| <input type="checkbox"/> Other: _____ | |



Comments: _____

Please email the most recent x-rays of the teeth being treated. Thank You

If sedation is needed at the time of appointment, do not eat or drink 6-8 hours before the time of the procedure. A driver is also required to stay at the office with the patient through the entire appointment.

