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**QUAD CITY PROSTHODONTIC SPECIALISTS, P.C.**  
**DAVID R. FRITZ, D.D.S.**  
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\_\_\_\_\_  
**Patients Name** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

is referred for:

- Complete prosthodontic evaluation
- Specific prosthodontic problem
- Implant evaluation
- Occlusal evaluation
- Radiographs sent
- Please take any necessary radiographs

Remarks:

**Referred By:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Dr.** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_