Aesthetics & Implant Dentistry
WINDSOR DENTAL CENTER
Dr. Steven P. Stern
Dental Director

Date:	**Referred By:**
Patient Last Name:	**Doctor Phone #:**
Patient First Name:	**Doctor Fax #:**
Patient Phone #:	**Doctor Email:**
Patient Dental Insurance:	**Doctor's Signature:**

STEVEN P. STERN, DMD
Dental Director/
Comprehensive Dentistry
Fmr. Clinical Assistant
Professor Mount Sinai
Medical Center,
Member of the ADA

Samuel Kramer, DDS
Endodontist

Edward M. Drescher, DDS
Board Certified Oral
Maxillofacial and
Implant Surgeon

Stanley H. Riveles, DDS
Orthodontist

Kevin C. Boyle, DMD
Board Certified Orthodontist

Mary F. Costigan, DMD
Prosthodontist

Joseph Zelig, DDS, D.ABP
Board Certified Periodontist

Antonett Thai, DDS
Endodontist

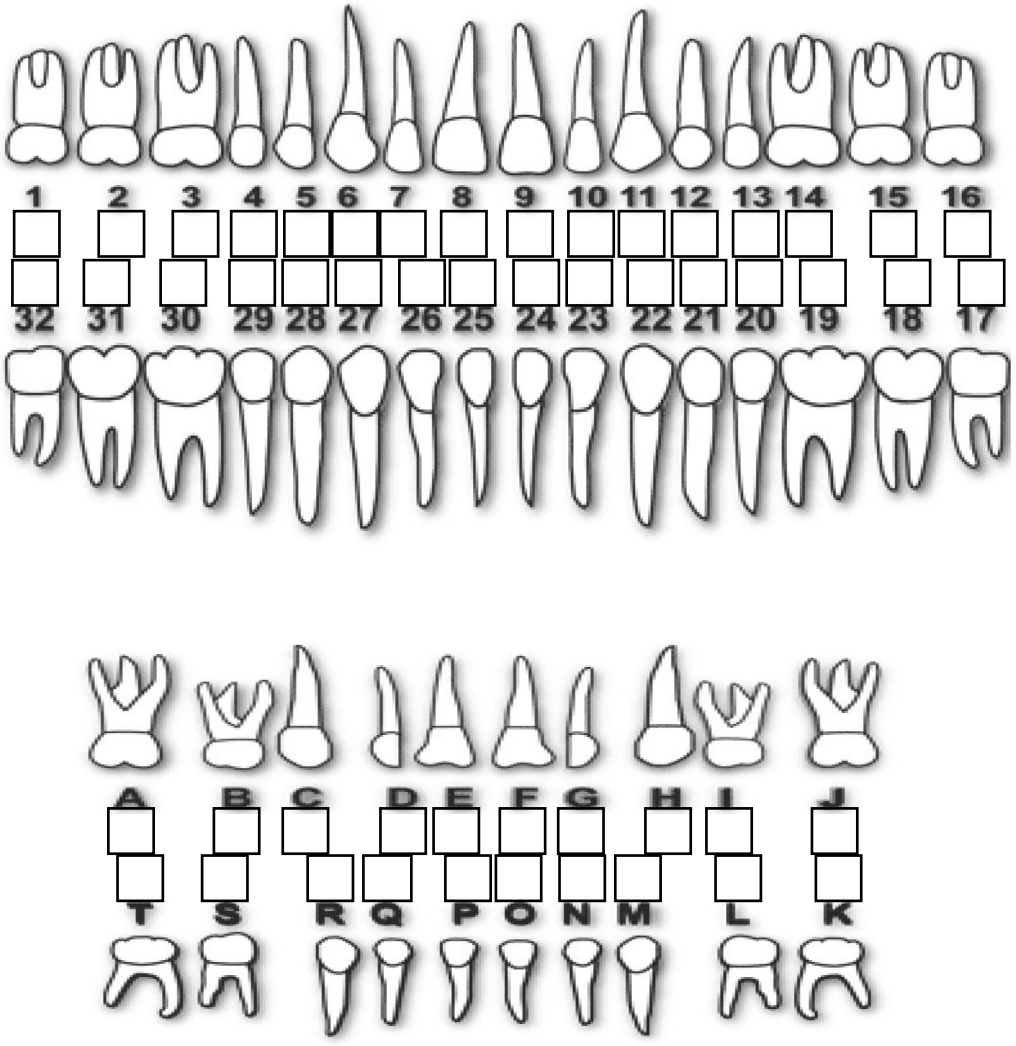
Tony Thomas, DDS
Comprehensive Dentistry

Rebecca Bae, DDS
Comprehensive Dentistry

David Zelig, DDS
Certified Oral Maxillofacial
Implant Surgeon

Meeting All of Your Family Dental Needs

Please circle or check tooth #:



Please Verify Tooth Number(s):_____

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PATIENT NAME:_____

❑ **Diagnose**

❑ **Treat**

_____

_____

RADIOGRAPHS ❑ Being Mailed ❑ Given To Patient ❑ No X-Ray
❑ Please Take ❑ Emailed to info@windsordental.com

Other Procedures	Other Consultations
Endodontics	***Endodontics***
❑ Retreat # _____	❑ Retreat #_____
❑ RCT #_____	❑ RCT #_____
Oral Surgery	***Oral Surgery***
❑ Alveoloplasty #_____	❑ Alveoloplasty #_____
❑ Apicoectomy _____	❑ Apicoectomy _____
❑ Biopsy_____	❑ Biopsy_____
❑ Ortho Exposure # _____	❑ Ortho Exposure # _____
❑ Expose and Bond # _____	❑ Expose and Bond # _____
❑ Extractions:	❑ Extractions:
Wisdom Teeth #s: _____	Wisdom Teeth #s: _____
Other, #(s): _____	Other, #(s): _____
❑ Frenectomy	❑ Frenectomy
❑ Implants # _____	❑ Implants # _____
❑ Infection # _____	❑ Infection # _____
❑ Incision and Drainage _____	❑ Incision and Drainage _____
❑ Lesion Evaluation _____	❑ Lesion Evaluation _____
❑ TMJ	❑ TMJ
❑ Other:_____	❑ Other:_____