



MAXILLOFACIAL PROSTHODONTICS & IMPLANTS

ROBERT E. GILLIS JR., D.M.D., M.S.D., INC.
DIPLOMATE AMERICAN BOARD OF PROSTHODONTICS

INTRODUCING _____

PATIENT PHONE _____ CELL _____

REFERRING DOCTOR _____

APPOINTMENT _____
DAY DATE TIME

CURRENT RADIOGRAPHS

- SENT BY MAIL SENT WITH PATIENT

EVALUATION FOR:

- REMOVABLE PROSTHODONTICS TMJ RELATED
- FIXED PROSTHODONTICS IMPLANTS
- MAXILLOFACIAL PROSTHODONTICS CANCER RELATED
- OTHER

3000 L STREET, SUITE 205 • SACRAMENTO, CA 95816
BUS. (916) 731-5778 • FAX (916) 455-6795

8007 LAGUNA BLVD., SUITE 3 • ELK GROVE, CA 95758
BUS. (916) 691-2217 • FAX (916) 691-2217

NOTES _____

Consider faxing a copy of this referral to 916-455-6795
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