

Referral Pad

Cramin P. Wiltz II, DMD, CDT | *Prosthodontist*

Madison Medical I
1041 Balch Road, Suite 180
Madison, AL 35758

256-319-3256

256-319-3257 (fax)
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www.MadisonProsthodontist.com



From Athens, go east on Hwy. 72. Take a right on Balch Road. Our building is on your left.

From Huntsville, go west on Hwy. 72. Take a left on Balch Road. Our building is on your left.

Date _____ Patient's DOB _____

Introducing _____ Phone _____

Please evaluate this patient for the following:

- Complete and/or Partial Denture(s)
- Full Mouth Reconstruction
- Implant Placement/Restoration
- Hybrid/Teeth in a Day
- TMJ/TMD Problems
- Aesthetics/Smile Makeover
- Management of Occlusal Problems
- Sleep Apnea Appliance
- Other (specify) _____

Radiographs:

- Will be sent by mail/fax Accompany patient Take new

Referred by Dr. _____ Phone _____

- Dr. Wiltz, please call referring doctor before patient is seen

PLEASE MAIL OR
FAX REFERRAL FORM TO

256-319-3257

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Madison
Prosthodontics
Aesthetic & Reconstructive Dentistry