



**WISCONSIN
DENTAL
IMPROVEMENTS**
Marcie Yang DDS, MS, LLC

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Email address: improveyoursmile@wdimprovements.com

Date: _____

Introducing: _____ Phone: _____

Medical History: _____

Is pre-medication required? _____

___ Patient will call to schedule appointment

___ Appointment has been scheduled for _____

___ Please call patient to schedule appointment

Consult Treatment

Remarks: _____

Referred by: _____

Phone: _____ Email: _____

Please call to discuss patient's dental history

Send patient back to our office for routine care

