

Phone #608-847-5614 • Fax #608-847-7265

 $Email\ address:\ improve your smile @wdimprovements.com$ 

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	
DIVISION STREET  DIVISION STREET  DIVISION STREET  DIVISION STREET  Mauston, WI 53948  [1-90/94]  Article Arti	ted on State and Union Street  East State Street uston, WI 53948  more about us at:
www.wisconsi	ndentalimprovements.com