



David Fulks DDS - General Dentist

17 Norton Road • Columbus, OH 43228

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smilenorton@nortonfamilydentalcare.com

Date: _____

Patient: _____

Date of Birth: _____

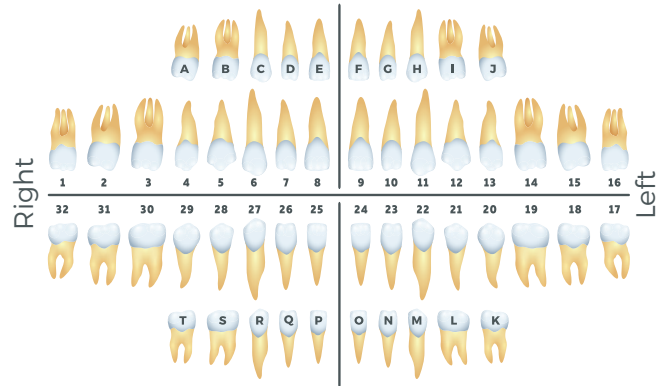
Patient Phone Number: _____

Referring Dentist: _____

Office Phone Number: _____

Services Needed:

- Implant Placement
- Implant Supported Dentures
- Bone Grafting / Tissue Grafting
- Crowns / Crown Lengthening
- Patient Requests IV Sedation
- Other: _____
- Expose and Bond
- Biopsy
- Extractions
- Wisdom Teeth



Comments: _____

Please email the most recent x-rays of the teeth being treated. Thank You

If sedation is needed at the time of appointment, do not eat or drink 6-8 hours before the time of the procedure. A driver is also required to stay at the office with the patient through the entire appointment.

