

# James S. Emerson, D.D.S.

Diplomate, American Board of Prosthodontics

Prosthodontics • Implant Prosthodontics

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Date \_\_\_\_\_

Introducing \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Home) \_\_\_\_\_

Patient consultation scheduled:

Day	Date	Time

Please Call Patient To Schedule

Reason For Referral

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by Doctor \_\_\_\_\_ (PH) \_\_\_\_\_

Recent Radiographs

- Enclosed     With Patient
- Email         Not Available
- Please Take

Diagnostics Casts

- Available
- Not Available

THANK YOU  
FOR YOUR REFERRAL

