

# Prestige Prosthodontics

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Board-Certified Prosthodontist

*On-site replacement and copy dentures for nursing home and homebound patients.*

## Mobile Denture Referral Form

### Resident Information

Resident Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Facility: \_\_\_\_\_ Room Number: \_\_\_\_\_

Primary Contact/POA: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Staff Member Submitting Referral: \_\_\_\_\_ Title: \_\_\_\_\_

Phone or Extension: \_\_\_\_\_

### Reason for Referral

- Lost Denture
- Broken Denture
- Denture No Longer Fits
- Difficulty Eating
- Difficulty Speaking
- Sore Spots or Pain
- Other: \_\_\_\_\_

### Denture Type

- Upper
- Lower
- Both
  
- Complete Denture
- Partial Denture
- Not Sure

### Resident Considerations

- Memory Impairment
- Limited Mobility
- Requires Caregiver Assistance
- Difficulty Opening
- History of Cancer or Surgery
- Other: \_\_\_\_\_

Email Referral Form: [hello@drashleynicole.com](mailto:hello@drashleynicole.com)

Complete Digital Referral or Scan QR Code:  
[drashleynicole.com/mobile-denture-referral/](https://drashleynicole.com/mobile-denture-referral/)



After receiving this referral, our office will contact the family or POA, review treatment options and fees and schedule the on-site visit. *Facilities are not responsible for billing or payment.*