



550 N. 17<sup>th</sup> Avenue - Wausau, WI 54401  
715-848-2435 - 888-880-6484 - FAX: 715-843-7769

**PLEASE COMPLETE AND E-MAIL THIS FORM ALONG  
WITH ALL RECENT RADIOGRAPHS  
TO: [staff@wanserskidental.com](mailto:staff@wanserskidental.com)**

**David J. Wanserski, DDS, MS, FACP**  
**Board Certified Prosthodontist**

**Michael W. Wanserski, DDS, FACP**  
**Board Certified Prosthodontist**

**Michelle M. Wanserski, DDS**  
**Prosthodontist**

Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Patient at #: \_\_\_\_\_

Antibiotic Premed Required?    Yes    No

Reason for Referral:

\_\_\_ Crown / Bridgework

\_\_\_ Partial / Complete Dentures

\_\_\_ Dental Implants/All-on-4

\_\_\_ Cosmetic Dentistry

\_\_\_ TMJ Evaluation

\_\_\_ Full Mouth Reconstruction

Comments \_\_\_\_\_

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WE APPRECIATE YOUR REFERRALS