



1900 E. Golf Rd., Suite L130, Schaumburg, IL 60173  
Tel. (847) 891-9999 Fax (847) 891-9008

Joon H. Han, MS, DDS, FACP  
Board Certified Prosthodontist

Patient Name: \_\_\_\_\_

AREAS OF CONCERN

- |  |  |
|--|--|
| <input type="checkbox"/> Comprehensive Care  | <input type="checkbox"/> Occlusion/TMD         |
| <input type="checkbox"/> Fixed Prosthetics   | <input type="checkbox"/> Removable Prosthetics |
| <input type="checkbox"/> Implant Prosthetics | <input type="checkbox"/> Other                 |

SPECIFIC DETAILS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RADIOGRAPHS

- |                                      |                                       |   |
|--------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Please take | <input type="checkbox"/> With patient | <input type="checkbox"/> Emailed to:<br>info@scharringtondental.com |
|--------------------------------------|---------------------------------------|---|

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

- Please call patient to schedule

Referring Doctor: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Date \_\_\_\_\_

Please visit [www.scharringtondental.com](http://www.scharringtondental.com)  
to fill out new patient forms.

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You have been referred to us for more specialized treatment. We will work closely with your general dentist and other specialists to insure the highest quality and thorough care. Please feel free to call if you have any questions, concerns, or special needs.

To provide you the best care, please bring all necessary information with you:

- Medical history, including a list of current medications.
- Xrays, dental insurance card, and this referral slip.

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