

REFERRAL TO:

# Charlotte *GP* Prosthodontics

R. Bruce Miller, DDS, MS, FACP

Introducing

Patient Appointed on

at

Referred by Dr.

Phone

TREATMENT REQUESTED

**X-RAYS:**

Sending with Patient

Mailing

Email

**DIAGNOSTIC CAST:**

Sending with Patient

Mailing

3535 Randolph Road, Suite 107 • Charlotte, NC 28211

704-364-3717 • fax 704-665-0996

9727 Northcross Center Court • Huntersville, NC 28078

704-697-1717

www.charlotteprosthodontics.com • info@charlotteprosthodontics.com