



Center for Prosthodontic Care

Southdale Medical Center
6545 France Avenue South • Suite 680
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info@prosthodontists.us



David Clay, DDS, MS

Joy Lua, DMD, MS

Luis Delima, DDS, FACP

Patient Name: _____ Date: _____

Reason/s for Referral:

Referred By: _____ Phone #: _____

If available, please provide pertinent radiographs. Thank You.

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