



James Courey, DDS
Prosthodontic Speciality Permit #5245

Collaborating with professionals to produce dentistry's best outcomes

Referral to Prosthodontist

Patient Name: _____ Date: _____

Referring Dentist Name: _____

Phone: _____ Email: _____

Referred for:

Implant Dentistry: _____

Cosmetic Dentistry: _____

Crown and Bridge: _____

Removable: _____

Appliances: _____

Limited Treatment
(please specify): _____

I wish to maintain future recall of this patient. No Yes

Will xrays be sent? No Yes

Digital xrays can be emailed to Xrays@BuildingGreatSmiles.com

Please fax referral form to 732-577-8555

Or contact Dr. Courey directly to introduce your patient

Phone: 732-577-0555 or

Email: DrJim@BuildingGreatSmiles.com

Phone: 732-577-0555

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