



Aesthetic Dental Center

Krysta Sellers DMD, MSD
PROSTHODONTIST

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Bismarck, ND 58501
701.214.5552
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Date _____ Referring Dr. _____

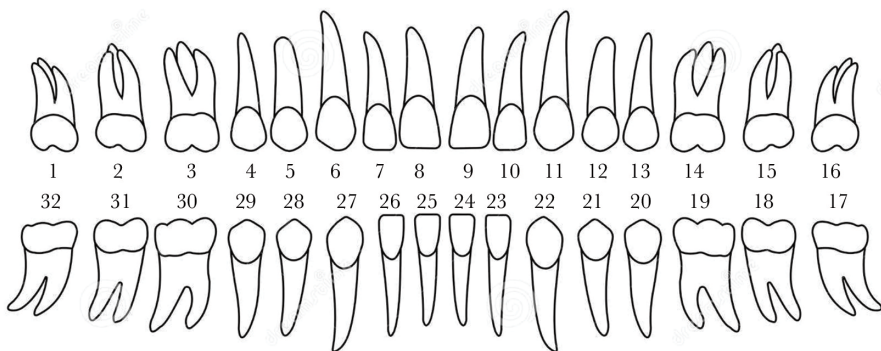
Patient Name _____ DOB _____

Home # _____ Work # _____ Cell # _____

Appointment Date & Time _____

Patient will call you for appointment ☐

Please call patient for appointment ☐



Occlusal Wear ☐ TMD ☐ Dentures ☐ Implants ☐ Partial ☐

Crown/Bridge ☐ Veneers ☐ Sleep Apnea Appliance ☐ Obturator ☐

IV Sedation ☐ High Anxiety ☐

Comments _____

Radiographs Sent: _____ Date Xrays Taken: _____

Insurance: _____

Please return patient to office after treatment ☐