



KATHRYN E. RYAN DDS, MS

www.ParkwayPros.com 7741 Point Meadows Drive, Suite 102
Jacksonville, FL 32256

INTRODUCING _____

Home Phone _____ Work Phone _____

APPOINTMENT

- Patient is scheduled on _____
- Please call Patient for appointment
- Patient will call for appointment

RADIOGRAPHS

- FMR
- Panoramic
- Periapical
- Have Been Mailed
- Patient Will Bring
- Please Take Films, if needed

PLEASE EVALUATE FOR

- Fixed Prosthesis
- Removable Prosthesis
- Implant Prosthesis
- Implant Planning and Placement
- Sleep Apnea
- Maxillofacial Prosthesis
- TMJ Therapy
- Consultation
- Cone Beam CT
- Other or Limited Prosthodontic Care

Comments Regarding Referral _____

Referred by Dr. _____

Telephone _____ Date _____

Please return patient for general care to referring dentist

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OFFICE HOURS:

Monday: 8:00am - 5:00pm

Tuesday: 8:00am - 5:00pm

Wednesday: 8:00am - 5:00pm

Thursday: 8:00am - 5:00pm

Friday: 8:00am - 5:00pm

