



TAPAN KOTICHA, BDS, MDS

Periodontist

YACOUB AL SAKKA, DDS

Prosthodontist

Office: (405) 696-0908

Fax: (405) 696-4911

Email: info@dseok.com

16430 Muirfield Pl.

Edmond, OK 73013

Date _____

Introducing _____ DOB _____

Contact Preference: Phone Email

Phone _____ Email _____

Referred by Dr. _____

Referred for _____

Implant Consultation: Placement Restoration

Periodontic Consultation Prosthodontic Consultation

TMD Consultation

Radiographs: Sent Patient Will Bring TakeAs Needed

Please CALL PRIOR to consulting with patient

Please CALL AFTER consulting with patient

Please notify me BY LETTER after consultation

COMMENTS _____



Scan for Directions to the Office.