



# Dental Plus Specialists

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Board-Certified Prosthodontist

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**Patient:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Office Email:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

### TYPE OF REFERRAL:

- Limited Treatment
- Comprehensive Treatment

### PROSTHODONTIC TREATMENT NEEDS:

- Full-Mouth Reconstruction
- All-On-4 Implant Prosthesis
- Dental Implant Restorations
- Partial Dentures
- Complete Dentures
- Crowns and Bridges
- Cosmetic Dentistry
- Occlusion
- Other \_\_\_\_\_

**DATE:** \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER INFORMATION:

- Radiographs Available
  - FMX     Panoramic     CBCT
- (Please email to [office@dentalplusspecialists.com](mailto:office@dentalplusspecialists.com))*
- Radiographs Needed

**dentalplusspecialists.com**