



Ingeborg J. De Kok, DDS, MS

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Email: admin@apexprosthodontics.com

Patient: _____ Phone #: _____ Email: _____

Referred by Dr: _____ Office Email: _____ Date: _____

Prosthodontic Treatment Needs:

- Comprehensive Exam and treatment
- Dental Rehabilitation
- Dental Implants
- Crown & Bridge
- Esthetics / Cosmetic Dentistry
- Complete Dentures
- Partial Dentures
- Occlusion
- Other _____

Other Information:

- Radiographs available
(Please email to admin@apexprosthodontics.com)
- Radiographs needed

Type of Referral:

- Limited treatment
- Comprehensive care

Remarks: _____

Appointment:

- Please call patient for appointment
- Patient will call to schedule an appointment
(preferred)

US Hwy 64

NC Hwy 55

Apex Peakway

Olive Chapel Road



Hunter Street

Walgreens

W. Williams St

Apex Prosthodontics

W Chatham St

Post Office

