

## *Welcome to our Prosthodontics office*

We along with our staff are committed to providing you with the highest quality care and will make every effort to make your visit with us a pleasant and comfortable one. In order to serve you well, please note that your first visit will begin with a thorough examination of your teeth and gums, including x-rays if needed; with the exception of emergencies.

Patient Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

### SPECIFIC CONCERNS

- |  |  |
|--|--|
| <input type="checkbox"/> Crowns & Bridge                           | <input type="checkbox"/> Esthetic veneers and all ceramic restorations   |
| <input type="checkbox"/> Occlusion Analysis                        | <input type="checkbox"/> Smile design and makeovers                      |
| <input type="checkbox"/> Complete Restorative Rehabilitation       | <input type="checkbox"/> Intra and extra oral post cancer reconstruction |
| <input type="checkbox"/> Custom Fitted Partial & Complete Dentures | <input type="checkbox"/> Non-Surgical TMJ: jaw-joint problems            |
| <input type="checkbox"/> Implant Prosthesis                        | <input type="checkbox"/> Others:   |

Comments: \_\_\_\_\_

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#### Offices:

2180 N. Courtenay Parkway • Merritt Island, Florida 32953 • (321) 452-3388  
7135 Turner Road • Rockledge, Florida 32955 • (321) 259-9207  
12250 Strategy Blvd. • Suite 437 • Orlando, Florida 32817 • (407) 636-9645