



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: _____

Patient's Phone#: _____

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: _____

Please email xrays to: info@floridaprosthodontics.com.

Offices:

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