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Introducing _____ for prosthodontic consideration.
Patient Contact Information _____

Referred for

- Second Opinion/Consultation
- Comprehensive Care
- Limited Care

Removable Prosthodontics

- Complete Denture
- Partial Denture

Implant Placement

- Single Tooth
- Multiple Teeth

Full Arch Implant Restorations

- Removable Prosthesis
- Fixed Prosthesis (Hybrid or Ceramic)

Radiographs

- Take all necessary
- Patient will bring
- Emailed/Mailed
- No radiographs taken

Restorative Care

- Failing Dentition
- Veneers (Traditional and Prepress)
- Bridge

TMJ Therapy

- Evaluation/Treatment

Special considerations _____

Referring Doctor _____ **Preferred method of contact** _____