



NEVINS DENTAL CENTER

Implant & Esthetic Dentistry

Julie Mitchell, DMD, MS, FACP

Diplomate, American Board of Prosthodontics

Date _____

Patient's Name _____

Patient's Phone _____

Referred by Dr. _____

Dr.'s Phone _____

Dr.'s Email _____

Notes: _____

- | | |
|---|---|
| <input type="checkbox"/> Congenitally missing teeth | <input type="checkbox"/> Removable prosthodontics |
| <input type="checkbox"/> Esthetics/veneers | <input type="checkbox"/> Implant prosthesis (full or partial) |
| <input type="checkbox"/> Crown/implant crown | <input type="checkbox"/> Implant prosthesis maintenance |
| <input type="checkbox"/> Comprehensive restorative | <input type="checkbox"/> Implant complication |
| <input type="checkbox"/> Provisional restoration or bonding | <input type="checkbox"/> TMD/orofacial pain |

Please evaluate the following teeth:

