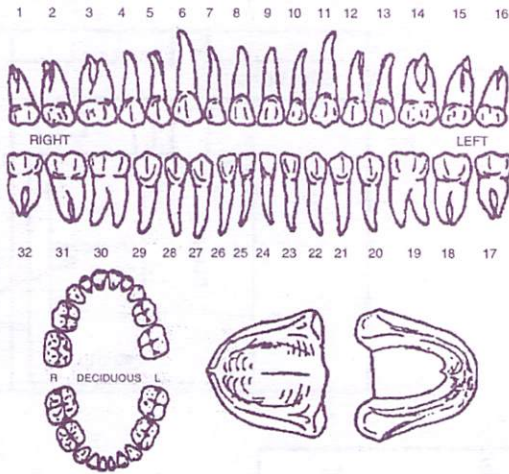


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Introducing _____ Date _____

Dr. _____

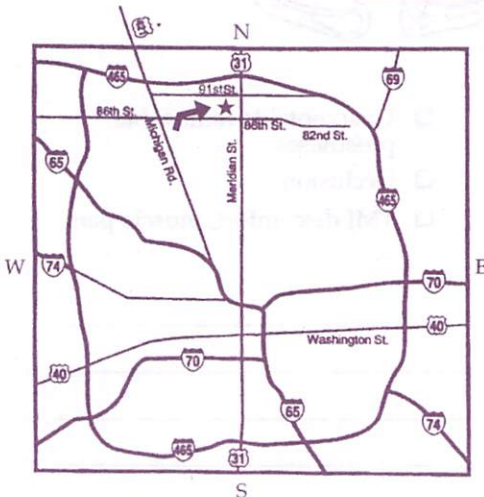
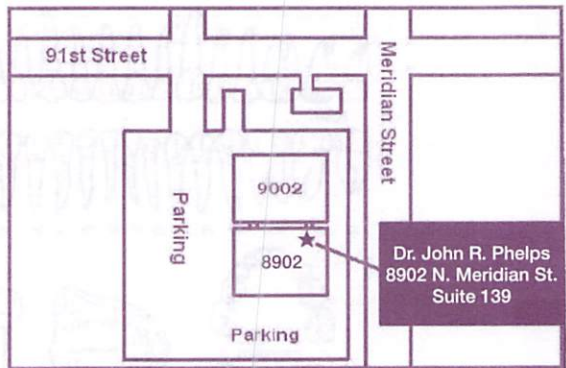


- Missing teeth
- Fractured, worn or carious teeth
- Esthetics
- Unsatisfactory crowns, restorations
- Unacceptable removable prostheses
- Occlusion
- TMJ discomfort, muscle pain

Remarks _____

OUR TREATMENT PHILOSOPHY

- ◆ **DIAGNOSE** Gather and evaluate all pertinent information
- ◆ **PLAN** Review all options and devise a plan to address your concerns
- ◆ **RESTORE** Carry out the planned procedures
- ◆ **MAINTAIN** Establish continued care to ensure lasting results



For your convenience, ample parking is available