



NUANCE

D E N T A L S P E C I A L I S T S

193 MIDDLE ST, 3RD FLOOR // PORTLAND, ME // 207.536.7509

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PATIENT FULL NAME: _____ | DOB: _____

TELEPHONE: _____ | E-MAIL: _____
CELL HOME

REFERRED BY: _____ | OFFICE TELEPHONE: _____

RADIOGRAPHS PROVIDED FMX BXW PAX PAN CBVT

EVALUATION REQUESTED

FIXED PROSTHODONTICS

- IMPLANTS
- CROWN + BRIDGE
- INLAYS / ONLAYS
- VENEERS

REMOVABLE PROSTHODONTICS

- PARTIAL DENTURES
- COMPLETE DENTURES
- IMMEDIATE DENTURES
- IMPLANT OVERDENTURES

ADDITIONAL PROCEDURES

- TMD / TMJ PAIN
- EROSION / WEAR
- HYBRID DENTURE
- OTHER

CHIEF COMPLAINT: _____

CLINICAL FINDINGS/REMARKS

APPOINTMENT: _____

DATE

TIME

Miles Reed Cone

MILES REED CONE DMD, MS, CDT, FACP
BOARD CERTIFIED PROSTHODONTIST