CHEVY CHASE
COSMETIC & IMPLANT
DENTISTRY

Dr. Flavio H Rasetto DDS, MS
Diplomate American Board of Prosthodontics

DATE: ________________

INTRODUCING: ____

_PROSTHODONTIC EVALUATION: **__For 2nd opinion**

__For evaluation and treatment

___Entire Dentition

___Teeth #____

Evaluation for:

___Treatment of TMD

___Partial or Total Edentulism

___Implant Restoration

___Worn Dentition

___Loss of Occlusal Vertical Dimension

___Unesthetic Dentition/Restorations (Bleaching/Veneers,Crowns,Bonding)

___Broken Teeth/Restorations

___Ill Fitting Dentures

___Facial Trauma

___Cancer Treatment

Comments: ____

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Dr. ____

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