



TORRES DENTAL SPECIALTIES PLLC

COMFORT COMPASSION EXPERIENCE

Gloria T. Torres, DDS

Prosthodontist

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Patient Name _____ Date _____

Referred by Dr. _____

PLEASE EVALUATE PATIENT FOR:

- Second Opinion
- Comprehensive Care/Treatment
- Complex Prosthodontic Care (select the following)

FIXED PROSTHODONTICS

- Tooth Restorability
- Missing Tooth/Teeth
- Esthetic Evaluation
- Full Mouth Reconstruction (wear)
- Vertical Dimension Compromised
- Failing Fixed Prosthodontics
- Other

Tooth #(s) Area

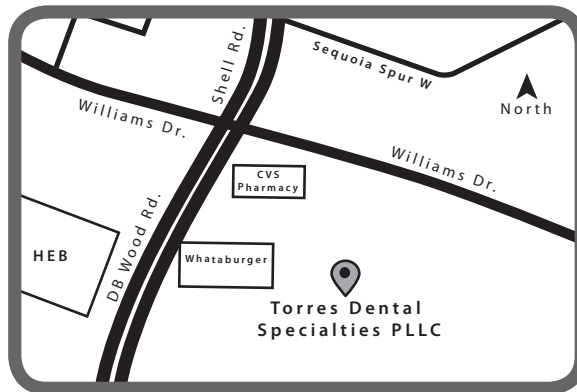
REMOVABLE PROSTHODONTICS ARCH

- Complete Dentures _____
- Complete Overdentures _____
- Immediate Dentures _____
- Partial Dentures _____
- Other _____

IMPLANT PROSTHODONTICS

- Single Tooth Replacement _____
- Multiple Tooth Replacement _____
- Implant Supported Dentures _____
- Other _____

Tooth # (s)



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