

# Prosthodontics & IMPLANT THERAPY



*Members of American College of Prosthodontist*

Referring Doctor: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

**Evaluate & Treat**  **Consult Only**

- Comprehensive Prosthetic Examination, Diagnosis, Treatment
- Plan Limited Prosthetic Evaluation
- Removable (Full or Partial) Prosthesis
- TMD, Temporomandibular Joint Disorder Examination
- Worn Dentition / Occlusal Evaluation

## Prosthodontists

- M. Reza Iranmanesh DMD, MSD
- Nima Iranmanesh DMD
- Nika Iranmanesh DMD
- First Available

FMX Enclosed: Date Taken:

Please Take FMX

CBCT Enclosed: Date taken :

Periapical Enclosed

Pre-Medication Needed

Implant Reconstruction

Aesthetic Dentistry

Sleep Apnea / Snoring Appliance

Pre-Radiation Evaluation

Same Day Crown

Dental History: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Please Contact Me:  Prior to Examination

After Examination

After Consult

Email Report to Referring Doctor at : \_\_\_\_\_

Signature : \_\_\_\_\_

Date: \_\_\_\_\_

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Fax: 813-510-5540  
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SmileTampa.net

**INSTRUCTIONS FOR NEW PATIENTS:**

- Please call for an appointment.
- Prior to your appointment, please go to our website at [WWW.SMILETAMPA.NET](http://WWW.SMILETAMPA.NET) to fill your new patient forms.
- If you are taking any medications, please bring a list of them with you.
- If you have them available to you, please bring your x-rays, photos, and models. Or please ask your doctor to have them sent to us.
- Minors must be accompanied by a parent or guardian.
  
- In case you cannot attend your reserved appointment, please call the office you will be going to 24 hours prior to your appointment.
- We will be happy to assist you to reschedule your appointment for a time that works for you.
  
- If any questions, you may email us.