

Louisa S. Berman D.M.D.  
PRACTICE LIMITED TO PROSTHODONTICS

2915 PIEDMONT ROAD, SUITE C  
ATLANTA, GA 30305

404-237-0497

smiles@ATLsmilesolutions.com



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

Introducing: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for visit:

- |  |   |
|--|---|
| <input type="radio"/> Dental Implant Evaluation      | <input type="radio"/> Cosmetic Evaluation               |
| <input type="radio"/> Occlusal Considerations        | <input type="radio"/> Restore Vertical Dimension        |
| <input type="radio"/> Full Mouth Reconstruction      | <input type="radio"/> Parafunctional Grinding/Clenching |
| <input type="radio"/> Veneers/Crowns                 | <input type="radio"/> Partial Dentures                  |
| <input type="radio"/> Dentures/Teeth in a Day Hybrid | <input type="radio"/> Other                             |

Chief Concern: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Call:  Prior to Consultation  After Consultation  After Exam

Radiographs:  Needs Radiographs  Sent with Patient  Enclosed

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*We are located in Monteith Commons in the building with green shutters. Our office is facing the courtyard.*