



Our dental team is committed to providing and maintaining the highest quality Oral care service according to your personal needs.

Dear New Patient:

A warm welcome to you. Our entire staff would like to thank you for selecting our office to care for your prosthodontic needs.

Our goal is to provide each patient with the highest quality prosthodontic care in a gentle, efficient and pleasant manner. We strongly encourage preventive recall appointments to intercept future prosthodontic problems, as best we can.

The first visit will include a thorough examination and necessary x-rays to develop a proper diagnosis of your needs. Please inform our office of any special medical needs, **(Pre-medications, artificial joints, heart problems, etc.)** An appointment for discussion of your prosthodontic treatment plan may be scheduled at a later date. Treatment plan fees will be discussed at this appointment.

Our staff is looking forward to meeting you! **Please let us know 48 hours in advance If any appointment cannot be kept, as this time has been set aside especially for you.**

Dr. Winslow Rogers and our entire staff.

**400 Peachtree Street-Rocky Mount, NC 27804
Office (252-446-0117) Fax (252-446-2264)**

P.S. Our initial exam fee ranges from \$95-\$842 depending on the type of exam and the x-rays and tests needed. If you have recent x-rays, please make sure your dentist mails them to us or you can bring them with you. We still may need to make additional x-rays.

I have read and understand all of the above.

Signed: _____ Date: _____