



**ROGERS
PROSTHODONTICS**

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. Initial exam fees can range from \$250-\$975 and possibly higher. Every effort will be made to inform you of these fees in advance of your new patient appointment

The first visit will include a thorough examination and the necessary x-rays to develop a proper diagnosis of your needs. If you have current x-rays from another dental practice and would like for us to have access to the x-rays, please allow the dentist to release them to us. We may still need to make new x-rays. Please inform our office of any special medical needs (**pre-medications, artificial joints, heart problems, autoimmune disorders etc.**)

An appointment for discussion of your prosthodontic treatment plan may be scheduled at a future 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)**

My signature below confirms that I have read and understand all the above.

Signed: _____ **Date:** _____