



# SAME DAY SMILES

IMPLANT AND ESTHETIC DENTISTRY

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## Patient Information

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

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

E-mail: \_\_\_\_\_

## Treatment Plan

Cosmetic Consultation:

Implant Placement(Teeth Numbers):

All-On-Four:       Upper Arch       Lower Arch

Both Arches

## Restoration Preference for Implant Treatment

Return the patient after osseointegration

Return the patient with the permanent restoration  
(fabrication of the permanent restoration is included)

Finish to the permanent restoration

## Referring Doctor Information

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

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

E-mail: \_\_\_\_\_

## Remarks: