



Inverness Dental Arts Inc.  
**Jeremiah Naas, LD**

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Waterville, ME 04901

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Please allow us to introduce:

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

\_\_\_\_\_  
Time:

Please evaluate this person regarding (circle which applies)

Fabrication of new denture(s)

Restoration or improvement of existing denture(s)

Preparation for extractions and first denture(s)

A second opinion for a specific concern

Specific treatment request: \_\_\_\_\_  
\_\_\_\_\_

This patient of record will be receiving ongoing support with our office. Please include us in treatment plans and care. (Y/N)

Our office does not need to be involved with the treatment planning for this person. (Y/N)

**If digital x-ray images are available, please forward them  
to idadenturelove@gmail.com**

Referring Provider or Practice: