



DENTAL IMPLANT

AND

RECONSTRUCTIVE CENTER

DR. ROXANNA J. ESGUERRA DDS MS

Board Certified Prosthodontist

Patient Name: _____ DOB: _____

Phone: _____ Home/Cell _____

Current Condition: _____

Treatment Interest (s): _____

Doctor's Name: _____

Office Phone: _____ Today's Date: _____

Radiographs:

Please note initial consult fee of \$325 includes courtesy CBCT.

(Check all that apply)

Has been sent

Bitewing

FMX

Will send via
secure mail

PAX

Pano

To Schedule:

Please call 218-722-8118 to schedule your initial consultation appointment to discuss your current concerns and treatment options with Dr. Esguerra.

Driving directions and parking information on reverse.

324 W. Superior Street #1212 Duluth, MN 55802

Tel: 218-722-8118 Fax: 218-726-9089

WWW.DULUTHDENTALIMPLANTS.COM