

Treatment Options

Patient: _____

Date: _____

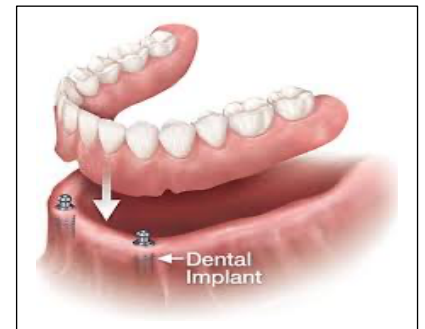
Option #1 Slide In Denture

Pro's	Con's



Option #2 Snap In Denture

Pro's	Con's



Option #3 Screw In Dentures

Pro's	Con's

