



**Daniel Thousand, DDS, MSD
Katelyn Fleming, DMD, MSD**

Excellence in Dental Implants & Periodontics

2101 E. Arapahoe Rd., Suite 101 | Centennial, CO 80122 | Phone: (303) 795-5700 | Fax: (303) 795-0134

Date: _____

This is to Introduce

Patient's Name: _____

Patient's Telephone: _____

Patient's Address: _____
Street City Zip

Provider: Dr. Dan Thousand Dr. Katelyn Fleming First available

Referred by Dr. _____

Telephone: _____

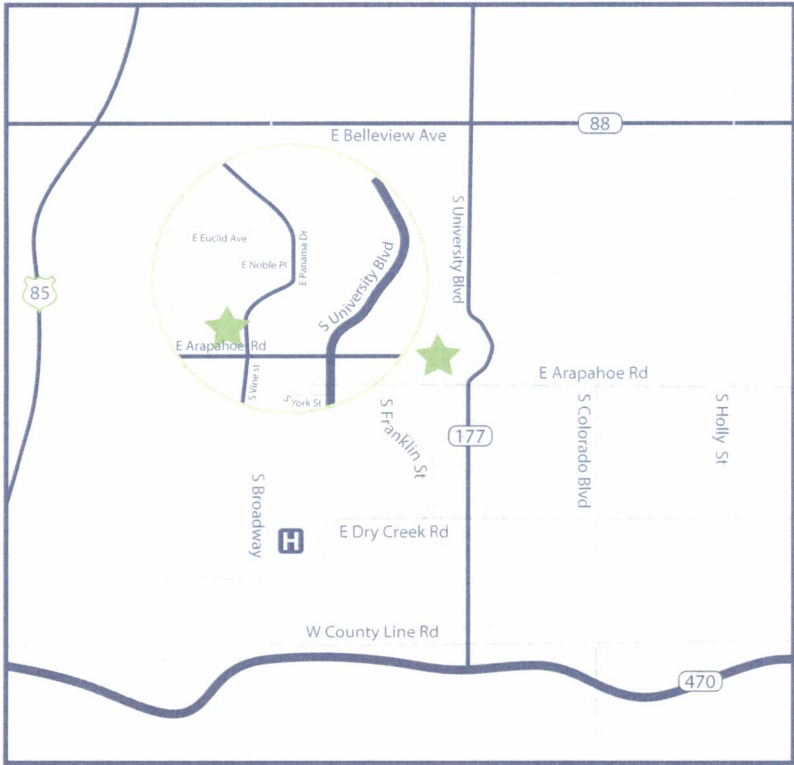
Please call patient to schedule appointment Patient will call to schedule

- Reason for referral:** Eval for Implant(s) _____
 Eval for Full Arch Implants _____
 Eval of Impant Problem _____
 Perio Exam Complete Limited _____
 Recession _____
 Crown Lengthening _____
 Other _____

Please indicate particular areas of concern, restoration plan, implant or esthetic areas, etc.

- Radiographs:** Please take & send copy
Films Available: Full mouth Limited Panoramic
Being Sent: By mail By Email With patient
Please call me: Before Seeing Patient After Seeing Patient

*Please detach and give top copy to patient.
Please email referral to littleton@theperiodocs.com.*



Periodontal Associates
The Dental Implant Team
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