



## Daniel J. Thousand, DDS, 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

Referred by Dr. \_\_\_\_\_

Telephone: \_\_\_\_\_

☐ Appointment Date \_\_\_\_\_

☐ Please call patient to schedule appointment ☐ Patient will call to schedule

Is antibiotic premedication needed? ☐ Yes ☐ No

Reason for referral: ☐ Implant Evaluation \_\_\_\_\_  
☐ Complete Perio. Exam \_\_\_\_\_  
☐ Limited Perio. Exam \_\_\_\_\_  
☐ Recession \_\_\_\_\_  
☐ Crown Lengthening \_\_\_\_\_  
☐ Esthetic Procedure \_\_\_\_\_  
☐ 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](mailto:littleton@theperiodocs.com).*



Periodontal Associates  
The Dental Implant Team  
2101 E. Arapahoe Rd., Suite 101  
Centennial, CO 80122  
(303) 795-5700  
[littleton@theperiodocs.com](mailto:littleton@theperiodocs.com)