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 Diplomate American Board of Prosthodontics
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Today's Date _____

Patient Name: _____ Date of Birth _____

Patient Address: _____ Home # _____ Cell # _____

APPOINTMENT DATE/TIME _____ Limited Care Consultation Full Mouth Rehabilitation

Fixed _____ Removable _____

Fixed/Removable _____ Implant Therapy _____

Comments: _____

Please return patient for general care to referring dentist

Radiographs preferred on film or e-mailed to NDLasiterDMD@aol.com

Enclosed Will be mailed Will be e-mailed Patient will bring None provided

Referring Dentist: _____ Phone # _____

Address: _____ e-mail: _____

DIRECTIONS: We are located in the Renaissance Office Park, behind the Renaissance Shopping Center at the northwest corner of Eastern and Tropicana Avenues. Entrances to the Office Park are located on both Eastern and Tropicana at Renaissance Drive. Our office is in Parking Section IV and handicapped parking is available directly in front of our suite. New patient forms are available for printing from our website (www.NelsonLasiterDMD.com) for your convenience. Please call us at 702-798-1987 if you have any questions. We look forward to meeting you!