



# BRIDGECREEK PROSTHETIC DENTISTRY, L.L.C.

GARY S. HOFFMAN, DDS • BRIAN C. BUTLER, DDS, MS • DENNIS E. WAQUESPACK, DDS, MS

PROSTHETIC, ESTHETIC, AND IMPLANT DENTISTRY

bridgreekdentistry.com

bridgreekdentistry@hotmail.com

8751 E. Hampden Ave., Suite C-6

DENVER, CO 80231

PHONE: 303-755-4003

FAX: 303-743-9638

3955 E. Exposition, Suite 410

DENVER, CO 80209

PHONE: 303-722-7227

FAX: 303-722-9819

PREFERRED OFFICE

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred By: \_\_\_\_\_

INTRODUCING: \_\_\_\_\_ Email: \_\_\_\_\_

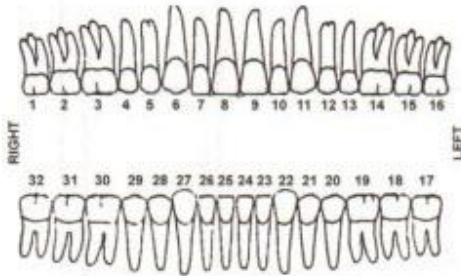
HOME # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

PATIENT IS SCHEDULED ON \_\_\_\_/\_\_\_\_/\_\_\_\_ AT \_\_\_\_ AM / PM AT HAMPDEN OR EXPOSITION  
(CIRCLE ONE)

PATIENT WILL CALL FOR AN APPOINTMENT.

PLEASE CALL PATIENT TO SCHEDULE AN APPOINTMENT.

**Radiographs:**  Mailed  SENT WITH PATIENT  E-MAILED  TAKE X-RAYS \_\_\_\_\_



### CONSULTATION FOR:

- IMPLANTS \_\_\_\_\_
- CROWN & BRIDGE \_\_\_\_\_
- VENEERS \_\_\_\_\_
- DENTURES/REMOVABLE PARTIALS \_\_\_\_\_
- RECONSTRUCTION \_\_\_\_\_
- RADIOGRAPHIC  SURGICAL GUIDE \_\_\_\_\_
- OCCLUSAL SPLINTS \_\_\_\_\_
- OTHER \_\_\_\_\_

REMARKS: \_\_\_\_\_

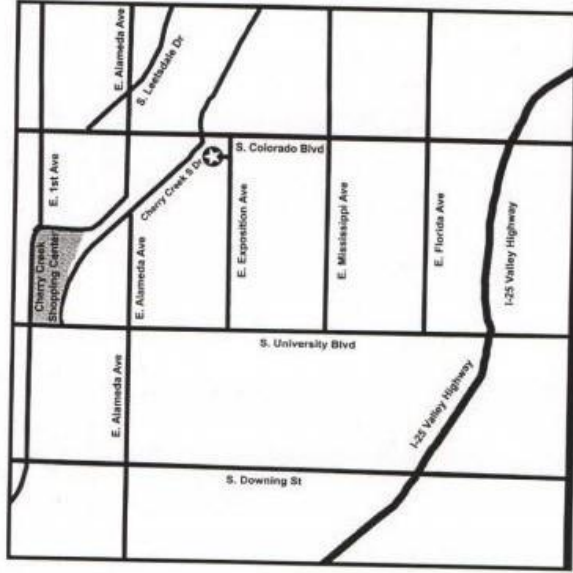
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

DIRECTIONS AVAILABLE ON WEB SITE



8751 E. HAMPDEN AVE., SUITE C-6  
DENVER, CO 80231  
PHONE: 303-755-4003  
FAX: 303-743-9638



3955 E. Exposition, Suite 410  
DENVER, CO 80209  
PHONE: 303-722-7227  
FAX: 303-722-9819