

PEAKVIEW



COSMETIC & IMPLANT DENTISTRY

DR. KWIATKOWSKI, DMD
DENTAL IMPLANTS - PLACE AND RESTORE

PH. (303) 417-1644 | FAX (303) 417-1790 | 1200 28th St Ste 300 | Boulder, CO 80303

WWW.PEAKVIEWDENTISTRY.COM

INTRODUCING: _____ REFERRAL COURTESY OF: _____ TODAY'S DATE: ____ / ____ / ____

PATIENT ADDRESS: _____

BIRTH DATE: ____ / ____ / ____ GENDER: _____ CONTACT PHONE: _____ ☐ PLEASE CALL ☐ PATIENT WILL CALL FOR APPOINTMENT

Teeth # or area to be treated: _____

Procedure(s) Requested

- ☐ Extraction(s)
- ☐ Would you like us to discuss:
implants or bone grafting? ☐ Yes ☐ No
- ☐ All on X / Over-denture / Dentures / Single Implant
Multi Implant / Bridge / Infection
Atrophic Bone Rehabilitation
- ☐ Other: _____

- ☐ Biopsy / Excision
- ☐ Alveoloplasty
- ☐ Frenectomy
- ☐ Incision / Drainage

Consultation(s) Requested

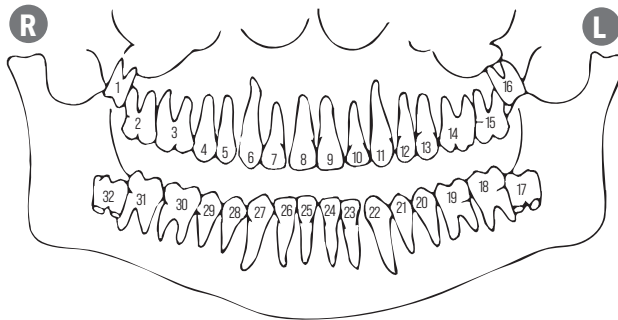
- ☐ Dental Implants
- ☐ Sinus Lift
- ☐ Bone Grafting
- ☐ All on X / Over-denture / Dentures / Single Implant
Multi Implant / Bridge / Infection
Atrophic Bone Rehabilitation
- ☐ Other: _____

- ☐ Facial Trauma
- ☐ Oral Pathology
- ☐ Soft Tissue Grafting
- ☐ Skin Lesions

Radiograph Requests

- ☐ Enclosed/Emailed ☐ Given To Patient ☐ Please Take New Ones

PLEASE CIRCLE TEETH / AREA TO BE TREATED



Management, Medical or Treatment Concerns

Please fax, mail or email this form to the office


University of Colorado
Boulder

PEAKVIEW

COSMETIC & IMPLANT DENTISTRY

36

30TH STREET

119

Foot hills Parkway

COLORADO AVENUE

30TH STREET

FOLSOM STREET

Springdale Ln

Pennsylvania Ave.

PEAKVIEW

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COLORADO AVENUE

28th Street Frontage Rd

28th St.