



**BRIGHTON  
RESTORATIVE DENTISTRY**

JOHN GITTINS, DDS, FACP  
- PROSTHODONTIST -

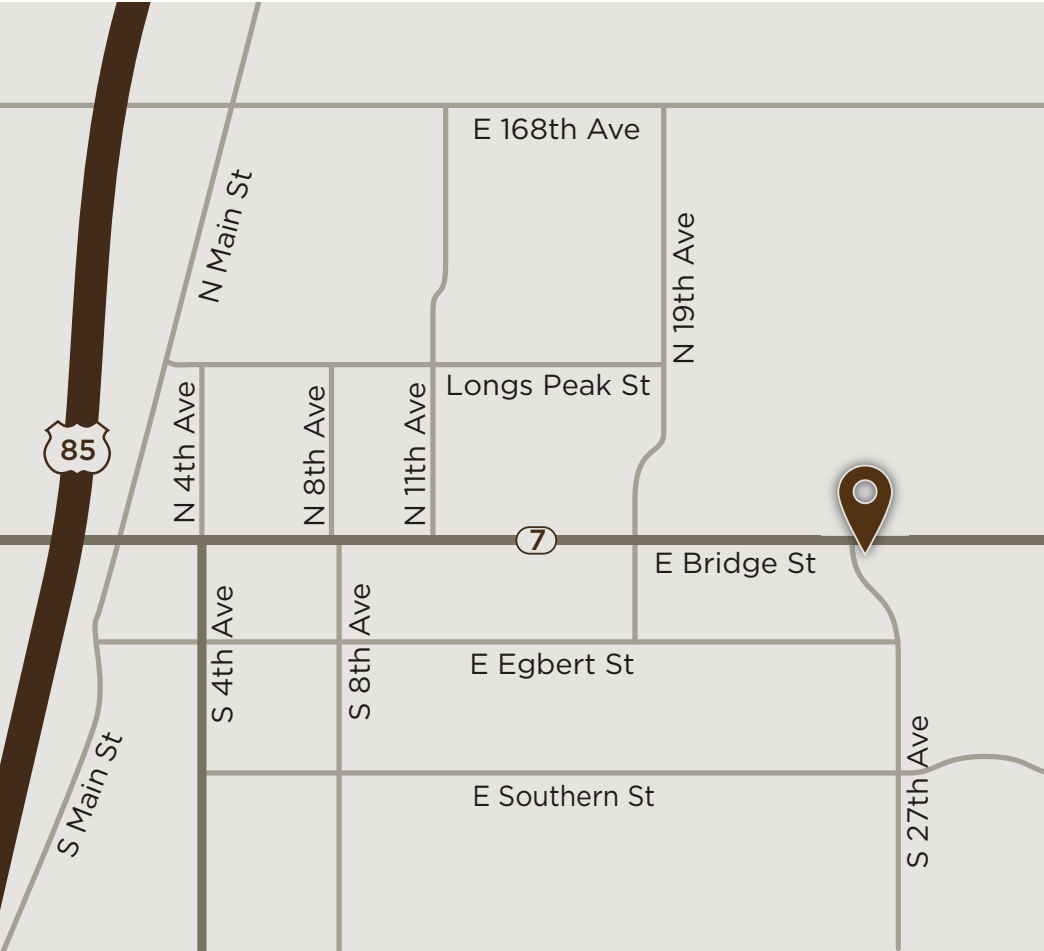
2700 E Bridge St, Suite 101  
Brighton, CO 80601

Ph. (303) 659-1825  
Fax (720) 821-0379



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www.BrightonRestorativeDentistry.com

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Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Doctor's Name: \_\_\_\_\_

Referring Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referring Office Email: \_\_\_\_\_

**REASON FOR REFERRAL**

- Maxillofacial Prosthetics
- Dentures/Partials
- Consultation
- Dental Implants
- Treatment as needed
- Other \_\_\_\_\_
- Dental Reconstruction
- TMD/Occlusion
- Complex Restorative Needs
- Sleep Apnea
- Implant Complication

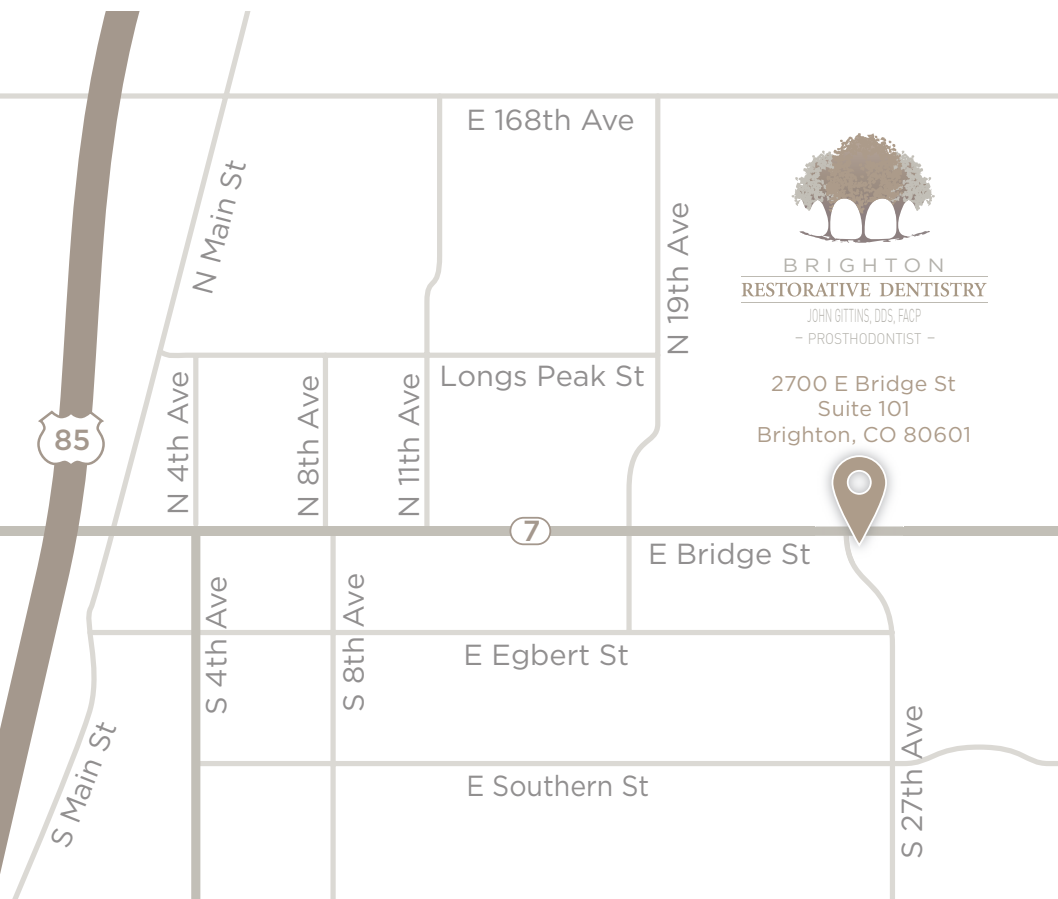
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