



**Bryan Chai DDS, PhD**  
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Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

**Take Panoramic x-ray?**  Yes  No

If your office has a current x-ray taken within the last year, please email it to us and note date taken.

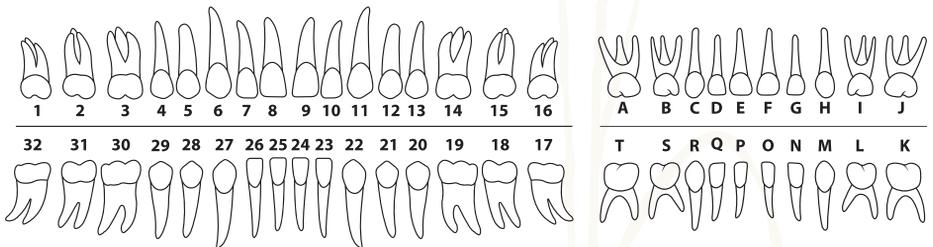
This patient has been requested to call your office for an appointment for the following:

**1.**  Dental Implant Evaluation

- Extraction
- Surgical Orthodontic Evaluation
- Oral Pathology Evaluation
- Pre-Prosthetic Evaluation
- Other: \_\_\_\_\_

**2. Implant Brand**

- Nobel Active
- Zimmer
- Astra
- Straumann



Comments \_\_\_\_\_

**INSTRUCTIONS**

1. Patients receiving IV sedation should not eat or drink anything for 8 hours prior to visit and must be accompanied by a licensed driver. Daily medications are OK with only a small sip of water.
2. Bring all pertinent medical information and a list of medications you are taking.
3. Any patient under 18 years old must be accompanied by a parent or guardian during any office visit.
4. If you have medical or dental insurance, please bring medical and/or dental insurance cards and this referral.
5. Please bring any radiographs you may have to this appointment.