

LEAWOOD

Cosmetic & Family Dentistry

Date: _____

- ☐ Dr. Kelly K. Thomas
- ☐ Dr. Dan DuHadway

Introducing Patient: _____ DOB: _____

This patient is being referred for consultation/treatment of the following condition(s):

We have provided the following diagnostic information (and date obtained) to aid your consultation and assessment.
Radiographs:

FMX: _____ Bitewings: _____ Panoramic: _____ CBCT: _____

Study Models: _____ Intraoral Video/Photos: _____ Other: _____

We have recently completed the following evaluation/treatment on the dates indicated:

Additional Information:

- ☐ Patient will call to schedule
- ☐ Call Patient to schedule (provide best contact #) _____

leawoodcosmeticdentistry.com



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