



Mountain
Springs
ADVANCED DENTAL

Benjamin Patterson, DDS, FACP

245 E. Cheyenne Mtn. Blvd.
Colorado Springs, CO 80906
(719) 576-3661 • Fax(719) 576-1315
Admin@MountainSpringsPros.com

Monday - Thursday 7:30 a.m. to 4:30 p.m.

Date _____

Referring _____

Home Address _____

Home Phone _____

Cell Phone _____

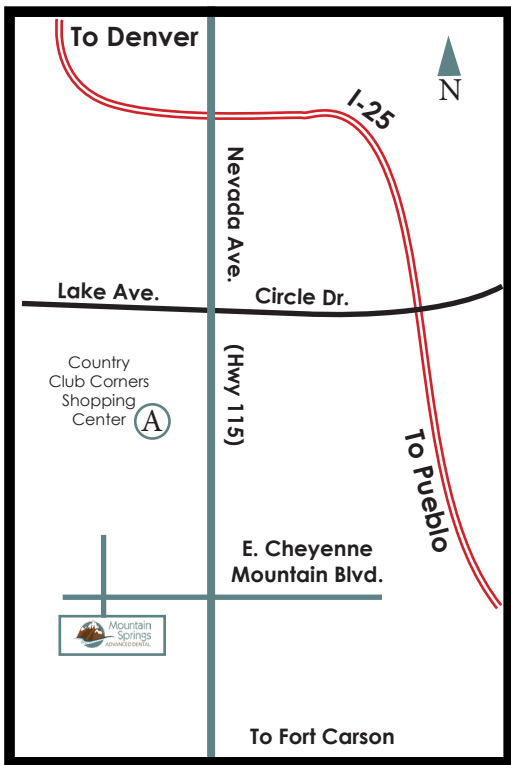
Please See this patient for a consultation concerning:

Special Information:

Referred by: _____

Phone: _____

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