

In an effort to provide the best patient service,  
**CONSULTATIONS ARE ALWAYS 'NO CHARGE!'**

*Bellingham*  
**DENTURE  
CLINIC**

1329 King Street  
Bellingham  
**360.647.0395**

*Lynden*  
**DENTURE  
CLINIC**

1610 Grover Street, Ste B9  
Lynden  
**360.318.0880**

**Please fax or email this referral to:**

**Fax:** 360.594.4387 **Email:** smiles@bellinghamdentureclinic.com

Date: \_\_\_\_\_ Referring Dentist: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_  Cell  Home

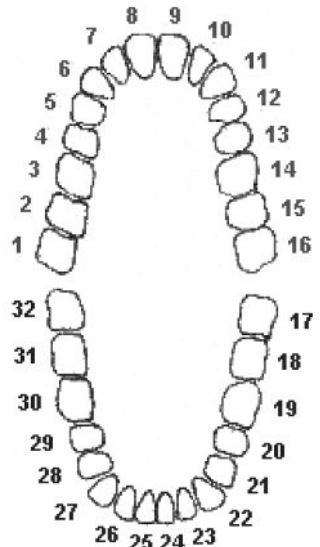
Patient E-mail: \_\_\_\_\_

Patient Address: \_\_\_\_\_

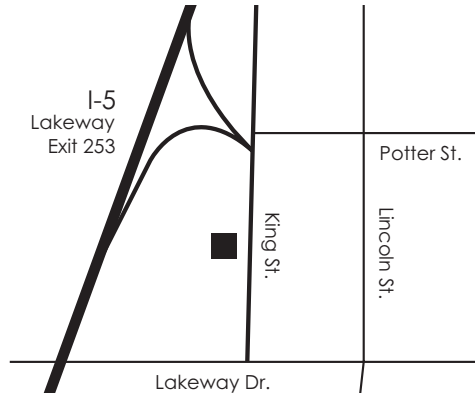
**Appointment scheduled for:** \_\_\_\_\_

**Referred for:** \_\_\_\_\_

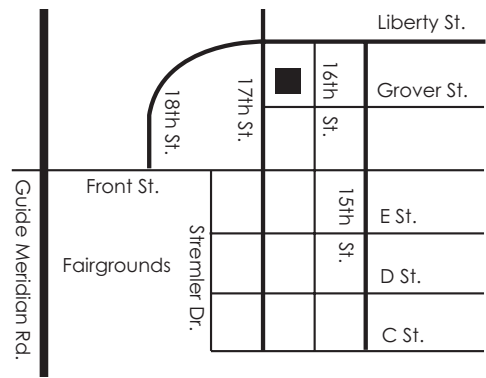
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# OUR SERVICES

- Full Dentures
- Immediate Placement Dentures
- Implant-Retained Dentures
- Cast-Metal Framework Partials
- Resin Partials and Flippers
- Repairs: most done in-house the same day
- Same Day Relines: including Soft Liners
- Adjustments
- Tissue Conditioners



**Clayton Sulek, DD**  
*Denturist*



**Lisa Lanham, DD**  
*Denturist*

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Please allow 24 hours notice if appointment needs to change. We look forward to seeing you.