

# Refer a Friend\*



SUE JAMES, D.D.S.

New Patient Name \_\_\_\_\_

To thank you for giving us the opportunity to be your dental care provider, please present this card after your initial comprehensive exam and receive a **\$30 Macys® or Lowes® Card**.

Referred by \_\_\_\_\_

Our patient (named above) who referred you to our practice will also receive a \$30 Macys® or Lowes® Card.

9351 Grant Street • Suite 340 • Thornton, Colorado 80229

**303-254-4484**

\*Offer redeemable after referred new patient attends comprehensive exam.  
Not redeemable for cash.