



dental studio

Patient Info:

Patient Name _____

Date _____

Guardian / POA (if applicable) _____

Patient Birthdate _____

Phone (primary) _____

Referring Provider _____

Phone (alternate) _____

Provider Contact # or Email _____

Additional Comments or Concerns:

Our Location

105 E Oak Street , Suite 2a
Bozeman, MT 59715

Mint* Philosophy

Why We Do It

Our goal is to provide patients of all ages a refreshing dental experience through tailored and conservative treatment in a relaxed & comfortable environment.

Contact Info

Fax: 406-586-5881

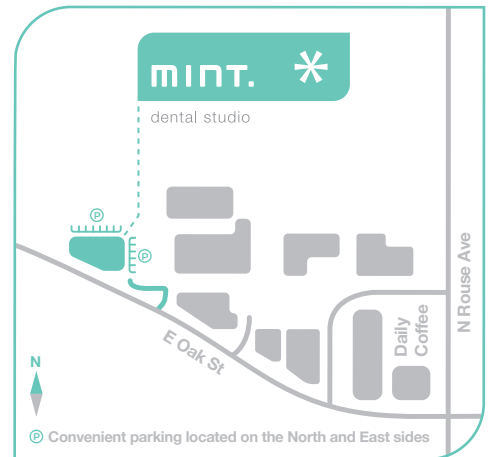
Phone: 406-586-5880

Email: info@refreshingdentistry.com

Studio Hours: Tue-Thu 7:30am-5pm

Fri 7:30am-1:30pm

Extended Hours: Monday 7:30am-8pm



Thank you for your referral!