



**PHILLIPS | SCHMITT**  
DDS, PA

**Dr. Douglas B. Phillips , DDS, DABDSM**  
Diplomate American Board of Dental Sleep Medicine

**Dr. Donald R. Schmitt, DDS, MSD**  
Board Certified Prosthodontist

Referring To:       Dr. Phillips    Dr. Schmitt

Referring Doctor: \_\_\_\_\_

Introducing: \_\_\_\_\_

Patient Phone #: \_\_\_\_\_

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

Date of Birth (DOB): \_\_\_\_\_

Radiographs:       Not Taken    Emailed (info@psdentistry.com)

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Request a Call Regarding Referral

***Please Indicate If You Are Referring the Patient For:***

- Consultation
- Limited Treatment/Return for Maintenance
- Transferring or Comprehensive Treatment

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

Appointment Date: \_\_\_\_\_

Appointment Time: \_\_\_\_\_

