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Dental Sleep Medicine

Dr. Donald R. Schmitt, DDS, MSDBoard Certified Prosthodontist

Dr. Dimitrios Basilakos, DDSProsthodontist

Referring to: Or. Phillips Or. Schmitt Or. Basilakos
Referring doctor name and phone #:
Introducing:
Patient phone #:
Patient email address:
DOB:
Radiographs: Not Taken Emailed (info@psdentistry.com)
Please indicate if you are referring the patient for: Limited Focused Treatment Transferring of all dental care
Reason for Referral / Additional Information: