



ASTORIA
DENTISTRY

Dr. Didier Guillaume, D.M.D.
www.astoriadentistryllc.com

Prosthodontist

			a	b	c	d	e	f	g	h	i	J			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			t	s	r	q	p	o	n	m	l	k			
Sedation					Implants					Restorative/Cosmetic					

Date: _____

Referring Doctor: _____ Phone: _____

I would like to introduce my patient with their contact number,

For Consultation: _____

For Treatment: _____

Notes: _____

____ Please call me prior to consultation or treatment

____ Please call me after consultation or treatment

____ X-rays available upon request

____ X-rays are being emailed/mailed or carried by patient

____ Please send me correspondence regarding diagnosis

THANK YOU