

annkearney**astolfi**DMD

610.882.1501

www.drastolfi.com

**introducing** \_\_\_\_\_ **phone #** \_\_\_\_\_

**requires premedication**

**reason:**  Periodontal Evaluation     Isolated Procedure     Emergency Priority  
 Orthodontic Exposure     Dental Implant Consultation

**Do you have specific restorative plans?**     yes     no

**comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**appointment:** date \_\_\_\_\_ time \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Please call at: \_\_\_\_\_

Recent full mouth radiographs are available.     yes     no

2299 Brodhead Road, Suite F  
Bethlehem, PA 18020  
610.882.1501

WHITE/PATIENT    CANARY/REFERRING DR.    PINK/DR. ASTOLFI