



Daniel F. Galindo, D.D.S., F.A.C.P.
 Fellow, American College of Prosthodontists
 Diplomate, American Board of Prosthodontics

A VIEW TO EXCELLENCE ⊕ Implant, Aesthetic and Restorative Dentistry

Appointment information: This time is reserved specifically for you. If by necessity, you must cancel your appointment, please notify our office at least 48 hours in advance.

Today's Date:

Introducing:

Patient's Phone:

Appointment Date: _____ Time: _____ am/pm

Referring Doctor's Name:

Referring Doctor's Phone:

Patient is being referred for:

- Prosthodontic Exam and Treatment
- Edentulous Maxilla / Mandible
- Partially Edentulous Maxilla / Mandible
- Fixed Prosthodontics
- Removable Prosthodontics
- Dental Implant Prosthodontics

Special Instructions / Notes / Observations:

☐ 5533 E. Bell Road, Suite 120 · Scottsdale, AZ 85254 T: (602) 441-5529

☐ 8877 W. Union Hills Dr., Suite 100 · Peoria, AZ 85382 T: (623) 236-9133

F: (602) 441-5970 | E: team@galindoprosthodontics.com

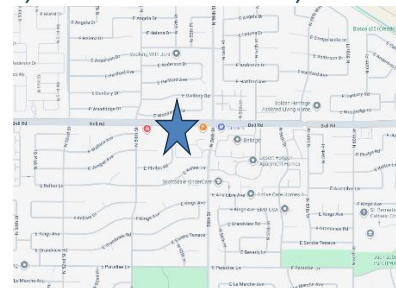
www.galindoprosthodontics.com



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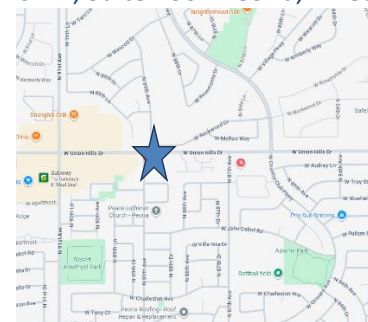
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