

AUGUSTA FAMILY DENTISTRY

Working together to keep your teeth healthy for life

Request for Consultation

This Request for Consultation should be completed by a health care professional and, upon completion, should be faxed to Augusta Family Dentistry at 316.775.5068 **or** brought to Augusta Family Dentistry by the patient at the time of the scheduled appointment. Health care professionals may also complete this Request for Consultation form online at www.afdmitsch.com (go to "Referrals").

Referring Doctor's Name: _____

Office E-mail: _____

Office Telephone: _____ Office Fax: _____

Patient's Full Name: _____

Patient's Telephone: _____

Patient's Date of Birth: _____ Gender: Male Female

Request for: Consultation Diagnostic Imaging

Reason for Request: _____

The patient has: extenuating medical conditions
 no extenuating medical conditions

Brief medical history: _____

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