



Keith Phillips, DMD, MSD, CDT

Implant, Reconstructive, and Esthetic Dentistry

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Introducing _____ Date _____

Phone _____ Work/Cell _____

Referred by _____ Phone _____

Type of Prosthodontic Examination

- ☐ Prosthodontic Treatment Only
- ☐ Surgical Treatment
- ☐ Surgical and Prosthodontic Treatment

Specific Considerations

Implant:	Fixture Placement	_____
	Restoration	_____
	I-CAT	_____
	Facilitate (Simplant) Tx Plan	_____

Prosthodontics	Crown/Veneer(s)	_____
	Fixed Bridge	_____
	Partial Denture	_____
	Complete Denture	_____

Comments:

Current records available to mail/email ☐ Yes ☐ No
☐ FMX ☐ Panorex ☐ Periodontal Charting ☐ Other

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