



801 Sproul St, 2nd Floor
Chester, PA 19013

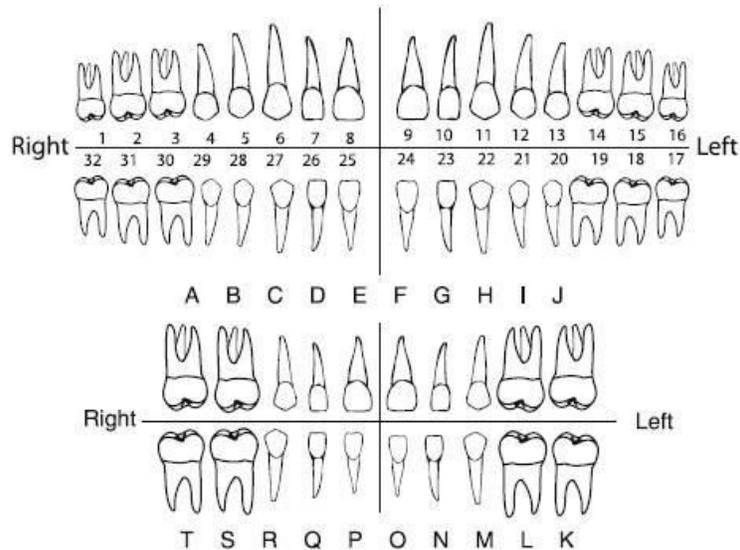
354 Penn St, 1st Floor
Reading, PA 19602

2300 E Market St, Suite 4
York, PA 17402

4821 Frankford Ave, Suite B
Philadelphia, PA 19124

Patient Name: _____ Date: _____

Referring Doctor: _____ Phone: _____



Remarks:

Phone: 484-461-0128 Fax: 484-461-0130
Email: patientservices@artisansmiles.com

Pre-Appointment Instructions:

- Please bring a valid form of Photo Identification as well as Insurance Card(s).
- If you have had a Panoramic X-ray (full smile x-ray) taken in the last 6 months, please bring it with you to your consultation or have it emailed/faxed to our office.
- Patients under 18 years of age must be accompanied by a parent/legal guardian.
- All insurance co-payments/out of pocket payments are due at the time of services.