

DR. FARZAM MALEKI, BDS, MS, FACP
DIPLOMATE, AMERICAN BOARD OF PROSTHODONTICS

Date: _____

Patient Name: _____

Telephone: _____

Referred By: _____

Appointment:

Day: _____ Date: _____ Time: _____

Comprehensive Examination

Limited Examination

Referred for: _____

Radiographs:

Emailed

Given to Patient

No X-ray

Call before treating

GRAYHAWK PROSTHODONTICS, P.C.

7450 E. Pinnacle Peak Rd. Ste. 250
Scottsdale, AZ 85255

Tel: (480) 538-5270

www.grayhawkprosthodontics.com
info@grayhawkprosthodontics.com

