



James Mitsos, DMD

10759 Winterset Drive,
Orland Park, IL, 60467

Phone: 708-580-0404

Fax: 708-966-0154

Date: _____

Patient: _____ **Phone:** _____

Reason for Referral:

- Exam and diagnosis/treat as indicated
- Treatment - Tooth # _____
- Other _____

Radiographs:

- None
- Being faxed/emailed(Please email to swpdental@gmail.com)
- With patient

Patient to return to referring dentist for periodic exam:

- Yes No

Comments: _____

Referring Dr. _____ **Phone:** _____



Please call 708-580-0404 to schedule.

In network with all major dental insurances/Medicaid.