WA DENTAL

(253)444-3010
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31515 Pete von Reichbauer Way S
#108, Federal Way, WA 98003

Patient Name: _____ **Date:** _____

Patient Cell: _____ **Tooth#:** _____

Referring Office: _____

Comments: _____

Reason For Referral

The patient is being referred for (Check all that apply).

- ◯ Bone Graft
- ◯ Crown / Provisional
- ◯ Crown Lengthening
- ◯ Denture Consult
- ◯ Endo
- ◯ Emergency
- ◯ Full Mouth Restoration
- ◯ Fixed Bridge
- ◯ GA / IV Sedation / Nitrous
- ◯ Implant Consultation
- ◯ Overdenture
- ◯ Surgical Extraction
- ◯ Tori Removal / Abscess
- ◯ Veneers
- ◯ Whitening
- ◯ Other_____

Send radiographs to info@wadentaloffice.com. Indicate treatment alternatives that have been discussed and additional information regarding management, medical conditions, etc. Thank you!

Evaluate the following teeth (please circle)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
					A	B	C	D	E	F	G	H	I	J		
R					T	S	R	Q	P	O	N	M	L	K		L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

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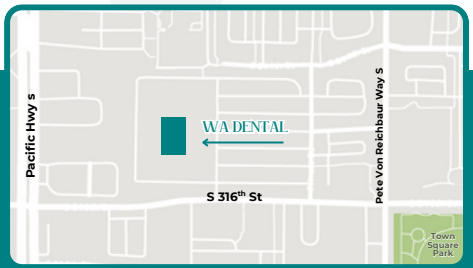
- We treat patients 6 and up.
- We accept Medicaid for all ages.
- Open M-F 8 am - 5 pm.
- Complex surgical oral procedures.