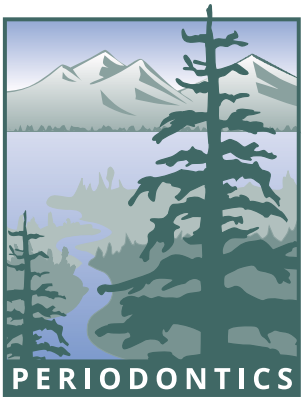


Jan Miesel, DDS
Practice Limited to
Periodontics and Implants

3710 168th Street NE
Bldg. D, Suite 101
Arlington, WA 98223
Phone: 360-651-9394
Fax: 360-651-9262
robisondds.com

Date: _____

Patient name: _____

Patient phone number: _____

Referred by: _____ Phone number: _____

❑ X-rays available _____

Reason for Referral

❑ Periodontal Evaluation # _____
❑ Crown Lengthening # _____
❑ Soft Tissue Graft # _____
❑ Extraction # _____
❑ Implant # _____
❑ Sinus/Ridge Augmentation # _____
❑ Orthodontic Exposure # _____
❑ 3D Dental Image
❑ IV/Oral Sedation
❑ Other _____
_____
_____

Specific Areas of Concern/Comments: _____

_____

❑ Patient to return to referring dentist for maintenance

Please bring this referral slip and your medical and dental insurance information with you to your appointment.

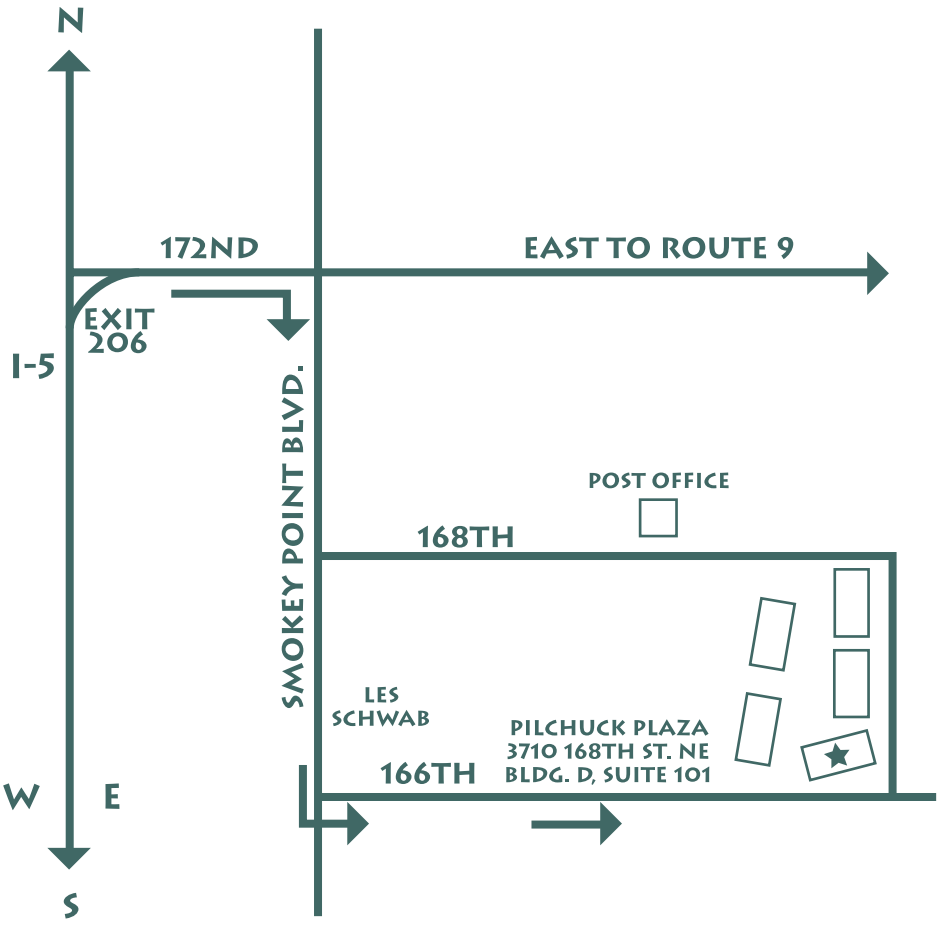
SUGGESTIONS FOR PATIENTS

1. PLEASE CALL FOR THE FIRST APPOINTMENT.

2. IF YOU ARE TAKING MEDICATIONS, PLEASE BRING THEM WITH YOU OR WRITE THE NAME AND DOSE OF THE MEDICATION, THE AMOUNT AND TIMES TAKEN.

3. MINORS MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN.

4. PAYMENT IS DUE AT THE TIME OF SERVICE. IF TREATMENT IS COVERED BY INSURANCE, PLEASE BRING YOUR DENTAL INSURANCE CARD WITH YOU.



POS Reorder # 2525534