

Referral Information

Patient: _____ Date: _____

Phone: Hm: _____ Wk: _____ Cell: _____

Referring Dr. _____

Referring to: Dr. Friedman Dr. Herron First Available

Appointment Date & Time _____

Patient to call for appointment Please contact patient for appointment

Implant Therapy

- Extraction w/ Ridge Preservation Patient in or Considering Orthodontics
- Implant(s) Tooth #(s): _____ Full Max Full Mand
- Temporization Needed Preference: _____
- Temporization Provided Type: _____
- Final Restorative Goal: Crown(s) Removable Prosthetic Fixed Prosthetic

For patient privacy fold here and seal

Periodontal Therapy

- Pocket Elimination Last Recall Visit: _____
- Scaling and Root Planing Date of Last SRP: _____
- FMX Available Date: _____ X-rays Being Sent

Other Treatment

- Crown Lengthening Root Coverage / Recession
- Bone Grafting / Ridge Augmentation Gingival Graft
- Oral Pathology / Biopsy Frenectomy / Fiberotomy

Additional Comments



DANIEL S. FRIEDMAN, DDS, PS
CAROLINE M. HERRON, DDS, MSD
IMPLANTS & PERIODONTICS

Triangle Professional Center
15515 - 3rd Ave SW, Suite D
Seattle, WA 98166
voice: 206-244-1410
fax: 206-244-9127

Your dentist has referred you to our office to help you achieve the best in oral health and comfort. We are looking forward to meeting you.

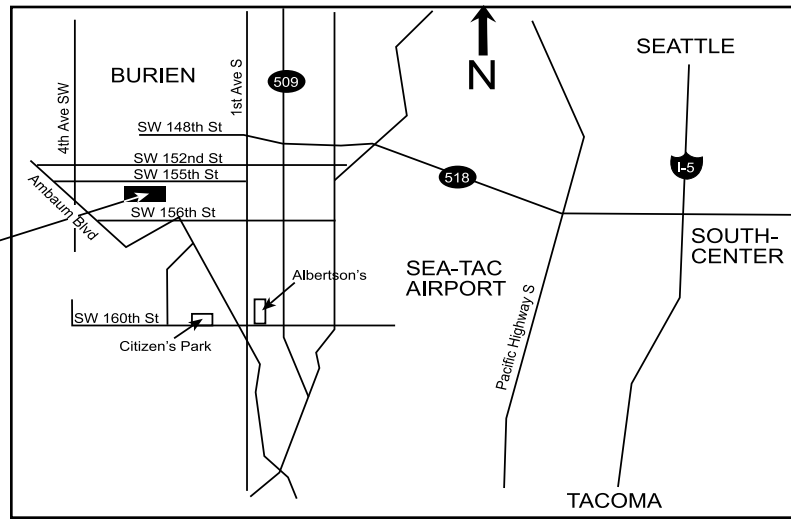
Appointment Date & Time.....

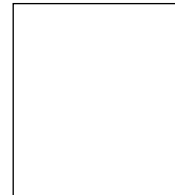
A welcome packet will be mailed to you shortly.

Please call our office to schedule an appointment. (206) 244-1410

A welcome packet will be mailed when your appointment is scheduled.

Dr. Daniel S. Friedman
Dr. Caroline M. Herron
Triangle Professional Center
15515 - 3rd Ave SW, Suite D
206-244-1410





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