



360.576.5066

Salmon Creek Dental Specialists

Scott George, DMD • Matt Anderson, DMD • Jing Iris Yang, DMD

Name: _____ Phone: _____

Referring Doctor: _____ Date: _____

Insurance Carrier: _____ ID#: _____

Subscriber: _____ DOB: _____

Please Circle Tooth to be Evaluated / Treated

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Endodontic Referral

Root Canal Treatment Retreatment Apicoectomy

Restore with:

Temp Composite Amalgam Post

If the tooth is not savable, would you like an extraction / implant evaluation?

Yes No

Periodontic Referral

Perio Evaluation Sinus/Ridge Augmentation Gingival Recession

Extraction Crown Lengthening Implant Placement

Comments:

Please email / fax completed referral to our office



Salmon Creek Dental Specialists

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