Salmon Creek Dental Specialists

Scott George, DMD ▪ Matt Anderson, DMD ▪ Aki Take, DDS ▪ Endodontis

Jing Iris Yang, DMD ▪ Periodontist

360.576.5066

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:

_____

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_____

Please email / fax completed referral to our office

Salmon Creek Dental Specialists

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Vancouver, WA 98686

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Fax: 360.576.5059

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