

Issaquah Valley Dental Care

www.issaquahdental.com

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Introducing _____ Ph # _____

Referring Doctor _____ Ph # _____

☐ Please call the patient to schedule appointment

☐ Patient will call you to schedule appointment

Reason for Referral

☐ Anxious / Apprehensive patient

☐ Severe Gag Reflex

☐ Consolidation of multiple visit treatment

☐ Intravenous Conscious Sedation

☐ Extractions and Immediate Cosmetic Dentures

☐ Consultation / Second opinion

☐ Implants & Endodontics

Treatment Needs

☐ Complete my patients care and return for recall

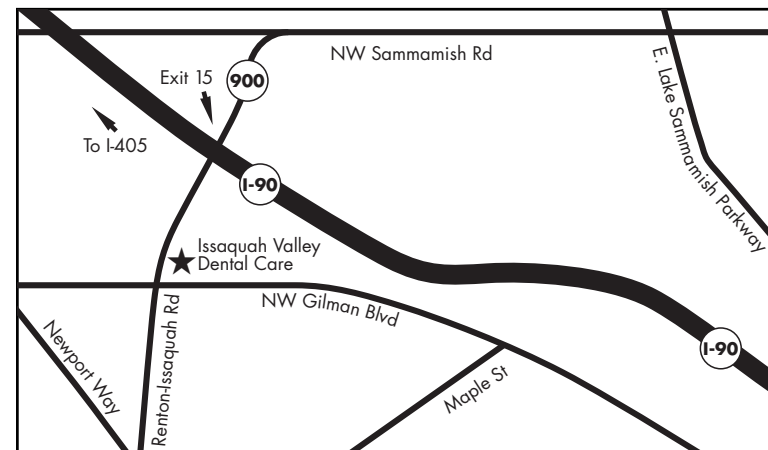
☐ Please render treatment mentioned below

Cosmetic and Sedation Dentistry

Member of American Dental Society of Anesthesiology

Member of American Academy of Cosmetic Dentistry

Member of Dental Organization for Conscious Sedation



DIRECTIONS:

Eastbound I-90

Take exit #15

Turn right on to WA 900

Turn left on to NW Gilman Blvd

Turn left in QFC shopping center

We are located towards left if you are facing QFC

Westbound I-90

Take exit #15

Turn right on to WA 900

Turn left on to NW Gilman Blvd

Turn left in QFC shopping center

We are located towards left if you are facing QFC

INSTRUCTIONS:

1. Your eligibility shall be determined for the recommended procedure during the initial visit.
2. Bring any insurance information, recent x-rays and medication list with you along with this referral to your first appointment.
3. Estimates shall be given after initial consultation.