

ISSAQUAH IMPLANTS & ORAL SURGERY

Jennifer Dolan, DDS, MD, MPH
Issaquah Implants & Oral Surgery
 710 NW Juniper Street, Suite 210
 Issaquah, WA 98027
OFFICE 425-391-8284
FAX 425-391-1429
 info@issaquahoralsurgery.com
 www.IssaquahOralSurgery.com



In our effort to provide better patient service, please fax/email this form to our office. Also provide the patient with a copy to bring to their appointment. Thank You!

PATIENT INFORMATION: Today's Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Parent/Guardian Name: _____

Contact Phone: _____ Contact Email: _____

Dental Insurance Name: _____ Subscriber Name: _____
 (or attach cards)

ID: _____ Group: _____

REFERRING DOCTOR: Referred By: _____

Phone: _____ Email: _____

Address: _____

PREFERRED METHOD OF CONTACT: Email Text Phone Fax
PLEASE INDICATE AREA TO BE TREATED

UPPER															
1 2 3 4 5 6 7 8								9 10 11 12 13 14 15 16							
A B C D E								F G H I J							
R	T S R Q P O N M L K														L
32 31 30 29 28 27 26 25								24 23 22 21 20 19 18 17							
LOWER															



Extraction: _____ Bone Graft: _____

Implant: _____ Preferred Implant System: _____

Essex/Flippers: _____ Pre-Prosthetic Surgery: _____

Exposure/Expose & Bond: _____ Biopsy: _____

Orthognathic Surgery: _____ Skin Lesion Excision: _____

Other: _____

RADIOGRAPHS/CLINICAL PHOTOS:

Email Mailed Sent with Patient Please Take No Xray Attached (Date: _____)



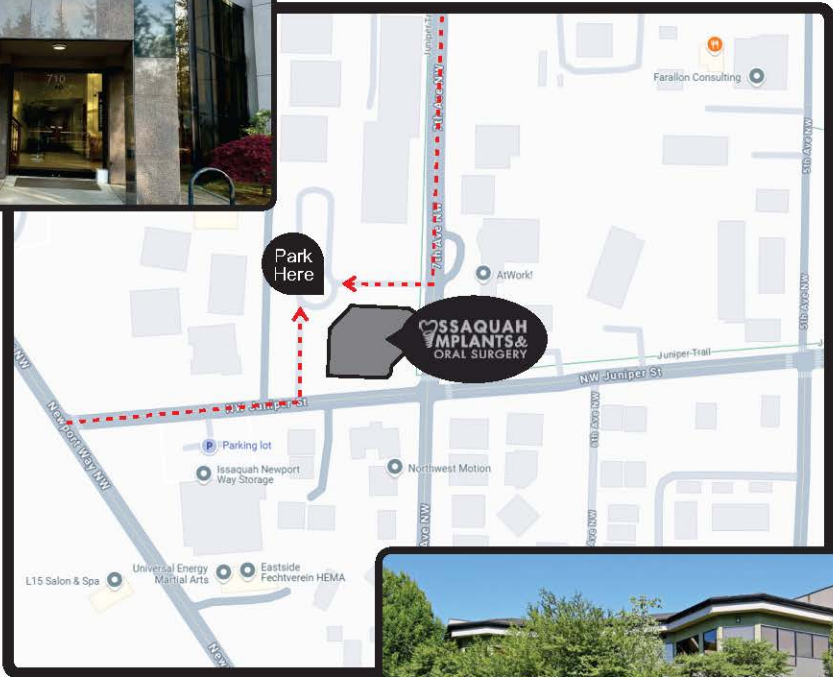
Please see the reverse side for additional information and a map to our office.

Please bring any x-rays or insurance information to your appointment.
 Registration is available online.

DIRECTIONS

Issaquah Implants & Oral Surgery is located in the Juniper Professional Center near the Aegis Living Facility and Issaquah Commons.

Parking can be found on either side of the traffic circle around the backside of the Juniper Professional Center.



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