

Referral Information

Patient: _____ Date: _____

Phone: Hm: _____ Wk: _____ Cell: _____

Referring Dr. _____

Referring to: Dr. Farhat 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

Implant(s) Tooth #(s): _____ Full Max Full Mand

Final Restorative Goal: Crown(s) Removable Prosthetic Fixed Prosthetic

For patient privacy fold here and seal

Periodontal Therapy

Root Coverage / Recession

Gingival Graft

Crown Lengthening

Pocket Elimination

Scaling and Root Planing

Date of Last SRP: _____

Oral Pathology / Biopsy

Additional Comments

FMX Available Date: _____

X-rays Being Sent



FRED N. FARHAT, DDS, MSD, PLLC
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.

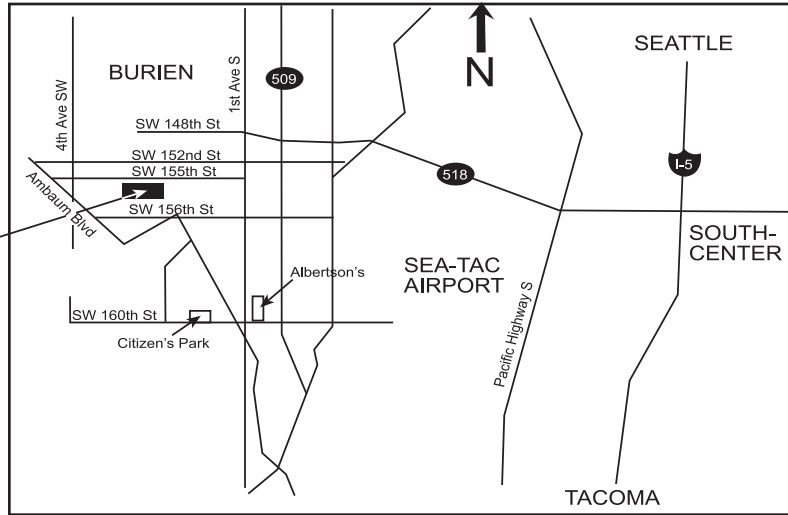
Appointment Date & Time.....

A welcome packet will be mailed to you shortly.

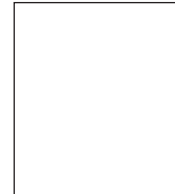
Please call our office to schedule an appointment. (206) 244-1410

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

Daniel Friedman, DDS, PS ©



Dr. Fred N. Farhat
 Dr. Daniel S. Friedman
 Dr. Caroline M. Herron
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 Burien, WA 98166-2595