

**REFERRAL FORM**

Date: \_\_\_\_\_

**Patient Information:**  Call patient for appointment  Patient will call

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian Name if applicable: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  Male  Female

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Referring Doctor Information:**

Referred by: \_\_\_\_\_

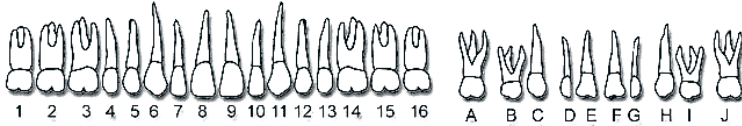
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Method of Contact:  Phone  Email

**Doctor: Please send this form via email (info@425oralsurgery.com) or fax (425-961-9601) and send the patient with a copy of this form.**

**Please Indicate Area To Be Treated:**

Maxilla



Right

Left

Mandible



Circle on diagram above which tooth/teeth are to be evaluated and/or treated.

Extractions/Wisdom teeth removal

Sedation - nitrous/oral/IV

Dental implant \*\*

Bone graft/Socket preservation

Exposure/expose and bond

Trauma

Incision & drainage

Biopsy - \_\_\_\_\_

Preprosthetic procedure

3D CBCT

Other: \_\_\_\_\_

\*\*Dental Implant System:  Straumann  Biomet 3i Surgical Stent:  Will be provided

**Radiograph:**

Need x-ray  Will send x-ray via  email  sent with patient Dated: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

\_\_\_\_\_

**Patient: Please bring this referral form, parent/guardian if under age 18, list of medications and medical conditions, any x-rays or insurance information to your appointment.**

Ju Yon Sophie Yi, MD, DDS, PLLC  
www.425oralsurgery.com  
info@425oralsurgery.com



450 NW Gilman BLVD Suite 101  
Issaquah, WA 98027  
425-961-9600/fax 425-961-9601

**Dental Insurance Accepted:**

Aetna  
Ameritas  
Assurant/Dental Health Alliance  
Cigna  
Delta Dental of Washington (formally known as Washington Dental Services)  
GEHA/Connection Dental  
Guardian  
Humana  
Metlife  
Premera Blue Cross/Lifewise  
Principal  
Regence Blue Cross Blue Shield  
United Healthcare  
United Concordia Alliance Network

Please call us at 425-961-9600, if your plan is not listed. We may be in process for accepting other insurance plans.

**Directions To Our Office:**

Going toward I-90 East:  
Exit 17 (Front Street toward East Lake Sammamish Parkway Southeast  
Turn right onto Front St N  
Turn right onto NW Gilman Blvd  
As soon as you pass Issaquah Post Office, turn right onto the paved driveway at the sign  
"Medical Center of Issaquah"  
The office is located on the first floor, parking is free

Going toward I-90 West:  
Exit 17 (Front Street toward East Lake Sammamish Parkway Southeast  
Turn left onto Front St N  
Turn right onto NW Gilman Blvd  
As soon you pass Issaquah Post Office, turn right onto the paved driveway at the sign  
"Medical Center of Issaquah"  
The office is located on the first floor, parking is free

Please call us at 425-961-9600, if you need directions or need to reschedule. Allow 48 hours notice if you need to reschedule. Thank you.