



4001 Colby Ave.
Everett, WA 98201
Office: 425-789-1726

Patient
Name _____
Today's
Date _____
Appointment
Date _____
Referred
By _____
Tooth or Area in
Question _____

Desired Treatment

- Restorative
- Partial/Denture
- Surgery/Implant
- Other (please explain below)

Comments _____

