

Thomas S. Maring, M.D., D.M.D., P.S.

ORAL & MAXILLOFACIAL SURGERY
IMPLANTS & RECONSTRUCTIVE SURGERY

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PHONE (206) 343-7500
FAX (206) 343-7600

Date: _____

Introducing: _____

Home phone: _____ Work phone: _____

Referred by Dr: _____ Dr Phone: _____

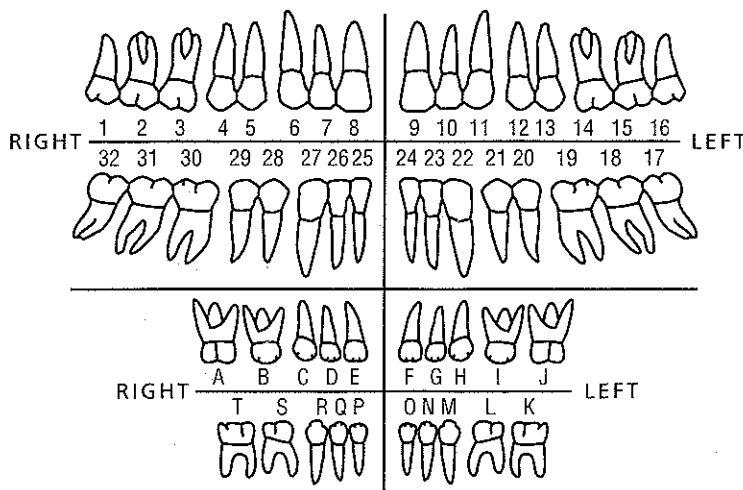
- | | |
|--|--|
| <input type="checkbox"/> Consultation & Examination
<input type="checkbox"/> Extraction
<input type="checkbox"/> Extraction of Third Molars
<input type="checkbox"/> Implant Consultation | <input type="checkbox"/> Orthognathic Consultation
<input type="checkbox"/> Soft/Hard Tissue Reconstruction
<input type="checkbox"/> Pathology
<input type="checkbox"/> Other |
|--|--|

Other helpful information about the patient: _____

- Patient will call
 Please call patient for an appointment

- Radiographs:**
 Please call
 Please take
 Sent with patient
 Return to office

Thank you for your kind referral. We will be in contact with you after consulting with your patient



White copy - Dr. Maring Yellow copy - Patient Pink copy - Referring Doctor