



**Dr. Ruei-Hua Wang DDS, MS Periodontist**  
**Dr. Ali Nassiri, DDS, MS Pedodontist**  
 6800 Greenwood Ave N | Seattle WA 98103  
 206.686.8800 | [www.urbandentalgroup.com](http://www.urbandentalgroup.com)

Patient's full name: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referring doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

X-ray sent to: [www.urbandentalgroup.com](http://www.urbandentalgroup.com)  Y  N

Reason for referral: \_\_\_\_\_

Forms could be filled online at [www.urbandentalgroup.com](http://www.urbandentalgroup.com)

**Periodontal Therapy:**

- Comp perio evaluation
- Root coverage/recession
- Gingival graft
- Crown lengthening
- Pocket elimination
- Scaling and root planning
- Oral pathology/biopsy
- Cosmetic gum lift

**Implant Therapy:**

- Extraction w/ ridge preservation
- Implant
- Sinus lift
- Dentures
- Immediate implant

**Endo services:**

**Reason for Referral:**

- Evaluate
- Evaluate/Treat as needed
- Evaluate for endodontic surgery
- Definitive endodontic treatment needed
- Periapical radiolucency present
- Pulp exposure
- Tooth previously opened
- RCT required for proper restoration

**Restorative Instructions:**

- Place post and build-up
- Leave post space
- Place Cavit or IRM in access cavity

**Miscellaneous:**

- Call about this case
- Crown/bridge is cemented
- Temporarily  Permanently
- Please send additional referral slips

**Tooth to be evaluated:**

1	2	3	4	5	6	7	8	•	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	•	24	23	22	21	20	19	18	17

Comments/requests: \_\_\_\_\_

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