

Northwest Oral & Maxillofacial Surgery

Dr. Ashoka Subedar, DMD, PS

Serving 2 Communities!

• **Bellingham:** 200 Westerly Rd., Suite 102, 98225

tel: 360.647.4262 fax: 360.527.0110

• **Mount Vernon:** 230 South 15th Street, Suite A, 98274

tel: 360.424.9860 fax: 360.424.9861

In our effort to provide better patient service, please review the patient instructions on the back. Thank you!

Date: _____ Referring Doctor: _____

Introducing (full legal name): _____

Birthdate: _____ Please call patient at Home: _____

Work/Cell: _____

Surgery Services requested (please check all that apply):

Extraction, Tooth #: _____ Implants, Tooth #: _____

Bone Graft Alveoplasty Apicoectomy Other

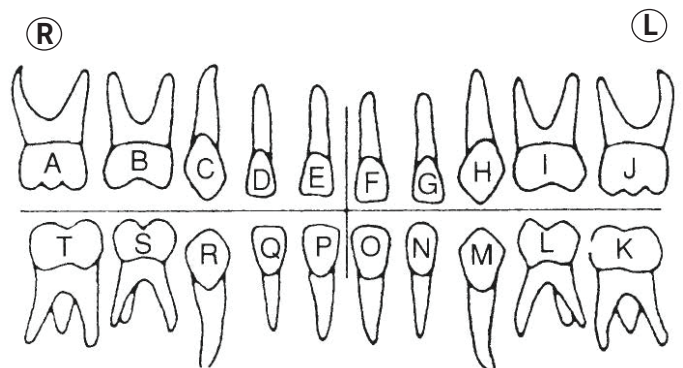
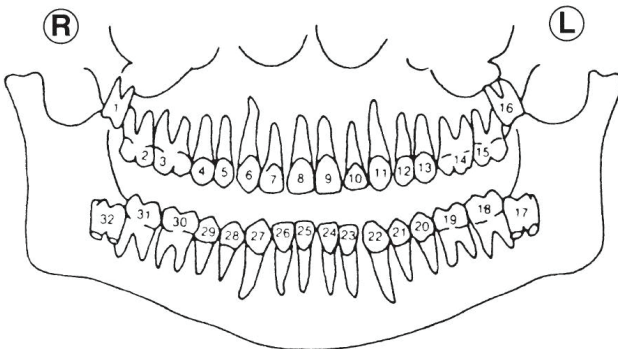
Consultation for Reconstructive Surgery:

Orthognatic Sleep Apnea Snoring Other

Enclosed:

X-rays Please make x-rays Other

Please "X" teeth/area to be treated



Doctor's Comments:

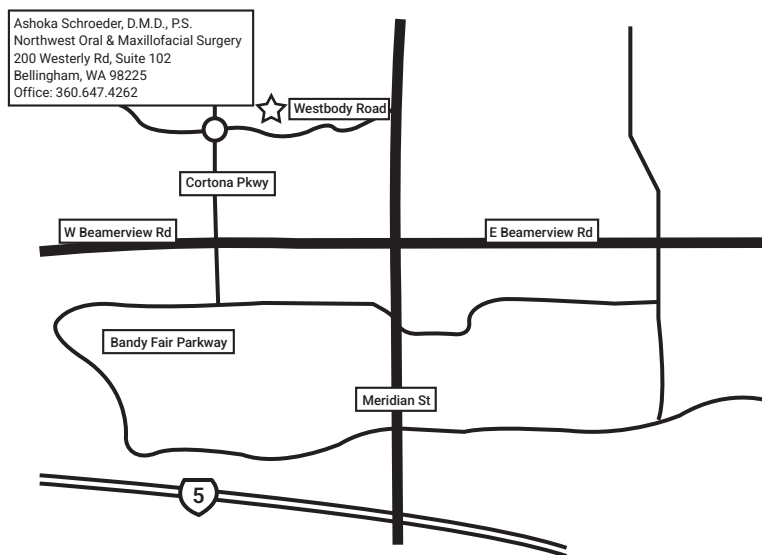
PATIENT INSTRUCTIONS

- Please call or contact our office to schedule an appointment.
- For this appointment, please bring this referral slip, any pertinent insurance information and insurance card. This information allows us to efficiently identify benefits and estimate co-payments for you.
- A consultation is normally necessary prior to surgery, in order to evaluate the patient's medical history and anesthetic requirements.
- Any patient 18 years old and younger must be accompanied by a parent or guardian.

TO OUR VALUED PATIENTS: Your appointment time is specially reserved for you. If you cannot keep your appointment, please inform the office 3 days in advance so the time may be given to another patient.

Our offices are located on the maps below. Our helpful office staff will gladly provide additional directions for your travel to our office.

Bellingham



Mount Vernon

