Alex H. Kang, DDS, MSD
Keith E. Redd, DDS

Fixed & Removable Prosthodontics

3822 Colby Avenue
Suite 200
Everett, WA 98201

(425) 258-3130
fax (888) 573-7552
e-mail: drkang@alexkangdds.com

Introducing _____ Date _____

Phone _____ e-mail _____

Referred by **DR.**_____ Phone _____

◯ *Check if Doctor would like to discuss the case*

Reason for Referral:

◯ ***ESTHETIC*** *exam/treatment*
◯ ***IMPLANT*** *prosthodontics*
◯ ***TMD/Parafunction***
◯ ***CONSULT EXAM :*** _____
◯ ***REMOVABLE*** *prosthodontics*
◯ ***FIXED*** *prosthodontics*
◯ ***SLEEP APNEA***

*Comments:*_____

On this patient, treatment you would like to continue to care for:

◯ *Extractions*
◯ *Hygiene maintenance*
◯ *Periodic exam*
◯ *Endodontics*
◯ *Periodontal therapy*
◯ *Other* _____

Available Radiographs:

◯ *Periapical* ◯ *Full mouth* ◯ *Panoramic* ◯ *Other* _____

Please fax or e-mail the referral to our office. **THANK YOU** for the referral.