OMNI DENTAL & DENTURE CLINIC

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☐ **Dr. Ruei-Hua Wang, DDS Periodontist** ☐ **Dr. Donghyun Kim, DMD** ☐ **Dr. Sabrina Pascal, DDS**

IMPORTANT Radiology: Originals preferred for film images. Digital images must be of diagnostic quality. Call with any questions.
1) Email all x-rays in advance. 2) Referrals can be mailed, faxed or emailed. 3) Patients may be hand-deliver the referral at the time of their appointments.

WE SPEAK SPANISH, FILIPINO, TAGALOG, KOREAN, RUSSIAN , AND UKRAINIAN LANGUAGES

We ACCEPT United, Community Health Plan of WA, MEDICARE, Delta Dental, etc., Self Pay. We offer Care Credit Financing

PATIENT INFORMATION:

Patient Name:_____ Date of Birth:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Cell:_____ Email:_____

Guardian / Power of Attorney:_____ Contact Person Phone:_____

Patient's Insurance:_____

REFERRAL INFORMATION:

Reason for Referral:_____

_____

Referred By (Provider name and facility):_____ Date of Referral: _____

Provider Phone:_____ Fax:_____ Email:_____

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

- ☐ **All-On-Four Implants**
- ☐ **Fixed Full Arch Dental Implants**
- ☐ **Regular Extractions**
- ☐ **Surgical Extractions**
- ☐ **Full Month Extractions**
- ☐ **Sedation for Implants**
- ☐ **Crowns**
- ☐ **Bridges**
- ☐ **Fillings**
- ☐ **Bone Graft**
- ☐ **Sinus Lift**
- ☐ **Implant Overdentures**
- ☐ **Complete Maxillary Denture**
- ☐ **Complete Mandibular Denture**
- ☐ **Immediate Maxillary Denture**
- ☐ **Immediate Mandibular Denture**
- ☐ **Cast Metal Frame Maxillary Partial**
- ☐ **Cast Metal Frame Mandibular Partial**
- ☐ **Resin Lower Partial**
- ☐ **Implant Maxillary Denture**
- ☐ **Implant Mandibular Denture**
- ☐ **Flex (Valplast) Maxillary Partial**
- ☐ **Flex (Valplast) Mandibular Partial**
- ☐ **Permanent Reline**
- ☐ **Temporary Reline**
- ☐ **Root Canals**
- ☐ **Nightguard**

Is patient on blood thinners? Yes:____ No:_____ Date of last complete exam:_____