

Dr. Michael Yeh, DDS, MSD
Implant Surgeon & Prosthodontist



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PRIMARY INFORMATION

REFERRED BY DR.	DATE
PATIENT NAME	DATE OF BIRTH
PATIENT'S HOME	PATIENT'S CELL

REFERRAL INFORMATION

Patient is referred for (check all that apply)

- Full Mouth Restoration
- Sinus Lift
- Implant Placement
- Crown/Fixed Bridge
- Bone Graft
- Implant Restoration
- Veneers
- Extraction
- All-on-X
- Complete/Partial Dentures

COMMENTS

Please indicate treatment alternatives that have been discussed and additional information regarding management, medical conditions, etc. Thank you!

RECORDS AVAILABLE

- RADIOGRAPHS
- PERIOCHART
- PICTURES

Please forward any pictures and/or radiographs to podentalart@live.com or have patient to bring a copy of their records