Mark Sebastian, DMD, DICOI
Specialist in periodontal care and dental implant surgery
Diplomate, International Congress of Oral Implantologists
33516 – 9th Avenue South, #2
Federal Way, WA 98003

(253) 941-6242 Seattle
(253) 952- 2005 Tacoma
(253) 952- 2129 Fax

MarkSebastianDMD@aol.com
www.MarkSebastianDMD.com

Introducing: **Date**_____

Name _____ E-mail_____

Address _____ Work phone _____

_____ Home phone _____

_____ Cell phone_____

Referred By Dr. _____

☐ Most Recent FMX _____ Panorex_____
BWX _____ CT scan_____

☐ Comprehensive examination/treatment
☐ Full mouth scaling was completed. Approximate dates _____
☐ Limited treatment _____
☐ Restorative crown lengthening _____
☐ Esthetic crown lengthening _____
☐ Frenectomy_____
☐ Gingival grafting _____
☐ Root coverage gingival grafting_____
☐ Other (describe) _____
_____
☐ Implants _____
☐ X-rays are available (please mail or e-mail any pertinent x-rays)
☐ Take the needed x-rays and remit a copy to the referring doctor
☐ _____
_____
_____
_____
_____
_____