



SEATTLE IMPLANT AND PROSTHETIC DENTISTRY

Dr. Will Eunku Chung, DDS, MSD
Prosthodontist

Introducing _____

Patient Phone Number _____ Work | Cell _____

Referred By _____ Date _____

Patient will call for an appointment

Please call patient

Patient is being referred for:

Prosthodontic Treatment Only

Surgical Treatment Only

Surgical and Prosthodontic Treatment

SPECIFIC CONCERNS/REQUESTS:

Prosthodontic

____ Full mouth rehabilitation

____ Crowns/Veneers

____ Fixed Bridge

____ Complete/Partial Denture

____ Implant restoration

____ Facilitate Treatment planning

Surgical

____ Implant Placement

Preferred Implant System: _____

____ Implant Removal

____ All-on-4/Full arch treatment

Areas of Concern/Additional Information: _____

Radiographs:

Take as needed

Enclosed

To be Emailed

FMX

Bitewings

Periapicals

Pano

CBCT

Downtown location

509 Olive Way Suite 711 Seattle, WA 98101
Mon - Thu 7am - 4pm

Bellevue location

1951 152nd Pl NE Suite 108 Bellevue WA 98007
Friday 7 am - 4pm

DOWNTOWN LOCATION : 206. 623. 3122

BELLEVUE LOCATION : 425. 974. 8161

EMAIL : info@seattleimplantdds.com

ADDRESS : 509 Olive Way, Ste 711 Seattle, WA 98101

www.seattleimplantdds.com