



■ Hardeep Dhaliwal, DMD, MD
Adara Surgical Institute
 6505 226th Pl SE #100
 Issaquah, WA 98027
OFFICE 425-428-5888
TEXT 425-428-5888
FAX 425-332-5332



Referral Form

info@adarasurgical.com
 www.**AdaraSurgical**.com

To support our commitment to exceptional care, please fax or email this form to our office, provide a copy to the patient for their appointment, and complete the insurance information if available. Thank you!

PATIENT INFORMATION:

Today's Date: _____

First Name: _____ Last Name: _____

Date of Birth: _____ Parent/Guardian Name: _____

Contact Phone: _____ Contact Email: _____

Dental Insurance Name: _____ Subscriber Name: _____
 (or attach cards)

ID: _____ Group: _____

REFERRING DOCTOR: Referred By: _____

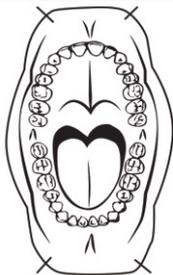
Phone: _____ Email: _____

Address: _____

PREFERRED METHOD OF CONTACT: Email Text Phone Fax

PLEASE INDICATE AREA TO BE TREATED

UPPER																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
				A	B	C	D	E	F	G	H	I	J				
				T	S	R	Q	P	O	N	M	L	K				
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
LOWER																	



Extraction: _____ Bone Graft: _____

Implant: _____ Preferred Implant System: _____

Essex/Flippers: _____ Pre-Prosthetic Surgery: _____

Exposure/Expose & Bond: _____ Biopsy: _____

Orthognathic Surgery: _____ Cosmetic Surgery: _____

Other: _____

RADIOGRAPHS/CLINICAL PHOTOS:

Email Mailed Sent with Patient Please Take No Xray Attached (Date: _____)

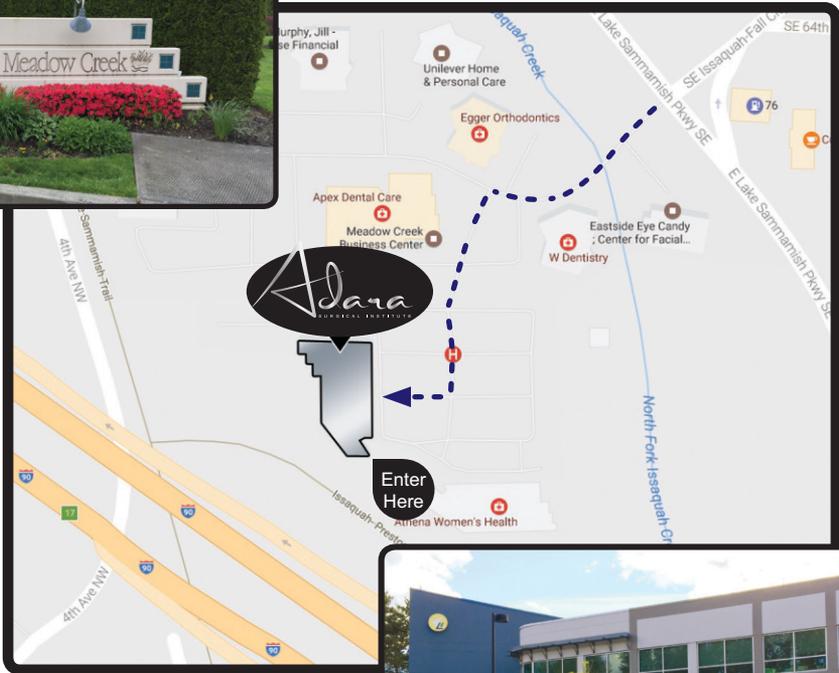
Please see the reverse side for directions and additional information.

Don't forget to complete your registration online before your visit — we look forward to seeing you!

DIRECTIONS

From E Lake Sammamish Parkway, Take SE 64th Place,
across from Home Depot.

We are located through the Meadow Creek medical parking lot,
please enter the entrance of the Meadow Creek medical plaza
and take your first left at the fork in the road.



SEE ADARA PATIENT JOURNEYS



Full Mouth Implant
Reconstruction



Single Tooth
Implants

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