

THOMAS D. FABER, DDS, MSD

Northgate Periodontics and Oral Implantology

Email X-rays to: info@northgateperio.com

9714 - 3rd Avenue N.E. | Suite 204 | Seattle, Washington 98115

Tel: 206-523-1834 | Fax: 206-523-3846

www.northgateperio.com

Referred By: _____ Date: _____

Thank you for your kind referral!

Introducing: _____

Address _____

City _____

Telephone _____

(Residence) _____ (Business) _____

Reason for Referral:

- Complete Periodontal Exam
- Limited Periodontal Exam
- Mucogingival Problem
- Fiber Release
- Crown Lengthening
- Emergency
- Other (specify) _____
- Implants

Comments: _____

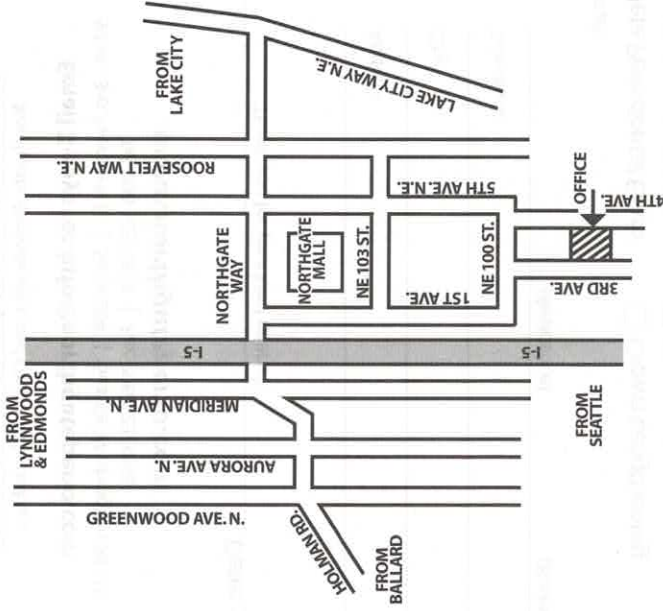
Radiographs:

- Are needed
- Are enclosed
- Emailed to info@northgateperio.com
- Accompanying patient
- Will be mailed prior to examination

Appointment: _____

An appointment has been scheduled for _____ at _____

May our office contact the patient? Yes No



**NORTHGATE MEDICAL/DENTAL PLAZA
9714 3rd AVENUE NE, SUITE #204**

From I-5 North or South, take Northgate Way exit. Turn on 1st Avenue, then proceed South to NE 100th. Turn left on NE 100th and go East to 4th Avenue NE. Turn right on 4th Avenue NE. Our office is in the fourth building on the right.