



HARBOR

Oral & Maxillofacial Surgery

HARBOR PARK PROFESSIONAL CENTER
5122 OLYMPIC DR. SUITE #B-106
GIG HARBOR, WA 98335
(253) 851-8880 FAX (253) 858-2783
WWW.HARBORORALSURGERY.COM

REFERRAL DATE _____

INTRODUCING _____ PHONE _____

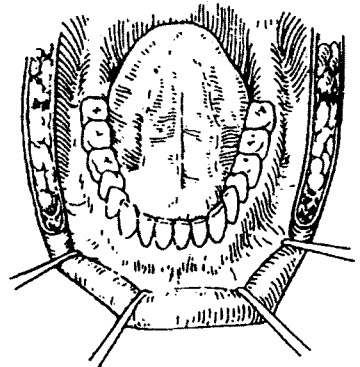
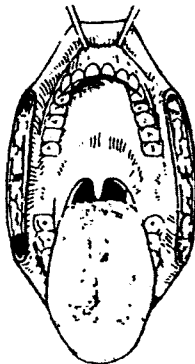
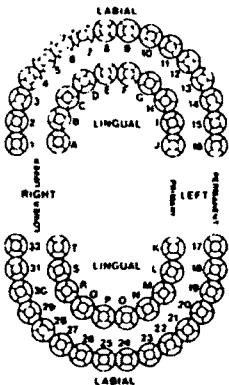
APPOINTMENT: DAY _____ DATE _____ TIME _____

REFERRED TO: (PLEASE CHECK PREFERENCE)

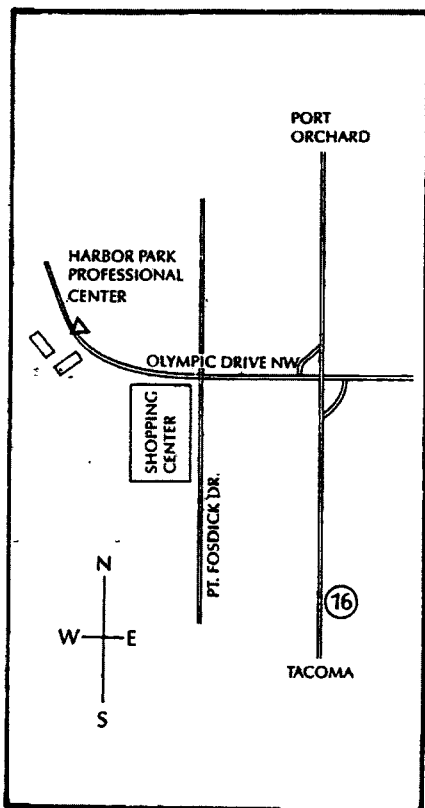
DR. SAMUEL G. HINZ DR. J. DOUGLAS BIRD DR. DAVID C. LUDWIG

REFERRED BY DOCTOR: _____ PHONE _____

PLEASE PROVIDE THE FOLLOWING TREATMENT:



1. Please bring this slip with you to your appointment.
2. A pre-treatment consultation is recommended for all patients.
3. If sedation or general anesthesia is desired, a pre-treatment consultation is required.
4. All fees are payable at time of surgery unless other arrangements have been made in advance.
5. Please remember to bring all insurance information with you to your first appointment.



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