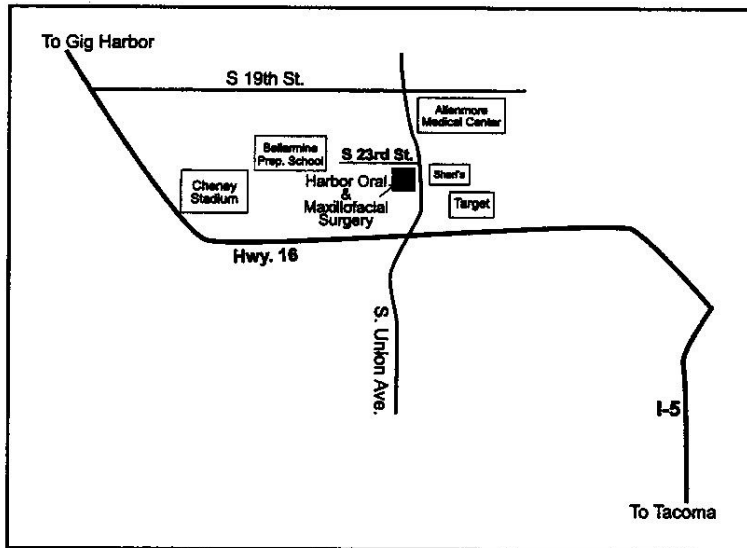


1. Please bring this slip with you to your appointment.
2. A pre-treatment consultation is recommended for all patients.
3. If sedation or general anesthesia is desired, a pre-treatment consultation is required.
4. All fees are payable at time of surgery unless other arrangements have been made in advance.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



UNION AVENUE MEDICAL-DENTAL CENTER  
 2302 S. UNION AVENUE, SUITE #B-16  
 TACOMA, WA 98405  
 (253) 759-3718 FAX (253) 503-7822  
 WWW.HARBORORALSURGERY.COM



# HARBOR

Oral & Maxillofacial Surgery

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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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

