Harbor Oral and Maxillofacial Surgery

Union Avenue Medical-Dental Center
2302 S. Union Ave. Suite #B-16
Tacoma, WA 98405
(253) 759-3718
Fax (253) 752-9003

Referral Date _____

Introducing _____ **Phone** _____

Appointment: Day _____ **Date** _____ **Time** _____

Referred to: ☐ **Dr. Kerwin L. Steffen** ☐ **Dr. Samuel G. Hinz** ☐ **Dr. J. Douglas Bird**
(please check preference)

Referred by Doctor: _____

Please provide the following treatment:

_____

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