



Blooming Dental

Implant & Prosthodontics Sung W. Yoon DDS, MS, MS

Des Moines
22030 7th Ave S #100
Des Moines, WA 98198
LYNNWOOD
4215 198th St SW #205
Lynnwood, WA 98036
Tel) 253-838-4363

INTRODUCING _____

Date: _____

Referred by: _____

Phone: _____

Appointment Date: _____

Time: _____

Tooth or Area to be treated: _____

RADIOGRAPHS

- Mailed (PA or PANO) Accompany Patient Emailed to Please Take
Bloomingdentalwa@gmail.com

REFERRED FOR

RIGHT	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

Circle Tooth / Area

- | | |
|--|--|
| <input type="checkbox"/> Complete Prosthodontic Evaluation | <input type="checkbox"/> Removable Partial Denture |
| <input type="checkbox"/> Limited Prosthodontic Evaluation | <input type="checkbox"/> Preradiation Evaluation |
| <input type="checkbox"/> Crown and Bridge | <input type="checkbox"/> Maxillofacial Prosthetics |
| <input type="checkbox"/> Implant Reconstruction | <input type="checkbox"/> Sleep Apnea / Snoring Appliance |
| <input type="checkbox"/> Aesthetic Dentistry | <input type="checkbox"/> TMD/ TMJ Evaluation |
| <input type="checkbox"/> Complete Denture | |

COMMENTS _____

INSTRUCTION FOR PATIENTS

Please call for an appointment. If you are taking medications, please bring a list of them with you. Minors must be accompanied by a parent or guardian. Fees are payable at the time of service.