



EASTSIDE ORAL SURGERY

ASSOCIATES

www.eastsideosa.com

Bellevue

1855 156th Ave NE
Suite 101
Bellevue, WA 98007
425.641.5560

Renton

707 S Grady Way
Suite 540
Renton, WA 98057
425.226.4000

bellevue@eastsideosa.com

renton@eastsideosa.com

☐ Dr. Seung Yu ☐ Dr. Rachel Lim ☐ Dr. Jasjit Dillon ☐ Soonest Available

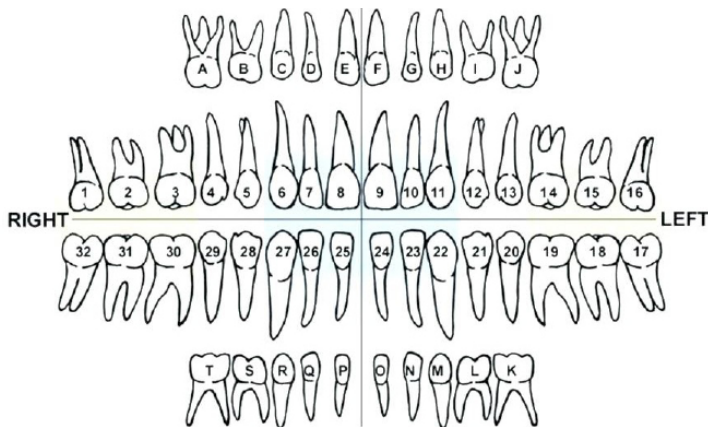
Introducing: _____ DOB: _____

Patient Contact  _____ Date: _____

Referring Doctor: _____

Patient to be seen for:

- ☐ Wisdom Teeth ☐ Dental Implant ☐ Other
☐ Tooth Extraction ☐ Botox
☐ Pathology ☐ Orthognathic Surgery



Radiographs

Date Taken: _____

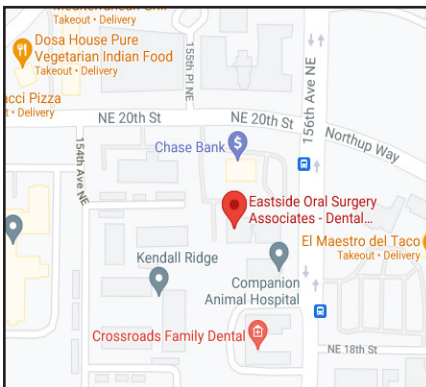
☐ N/A ☐ Sent via email ☐ Sent via mail ☐ Patient to bring

Comments: _____

INSTRUCTIONS TO PATIENTS

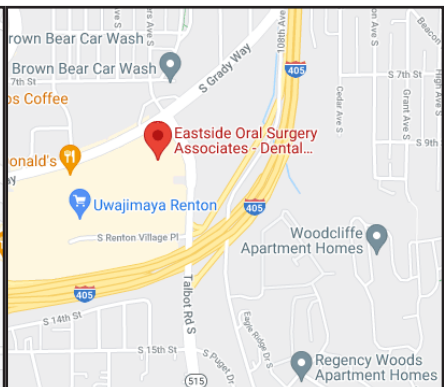
1. An evaluation appointment is necessary to determine the extent of surgery or treatment.
2. Please call our office for your first appointment.
3. If you have had recent x-ray(s) of the problem area, please bring them with you or have your dentist send them to us prior to your evaluation appointment. Additional x-ray(s) may also be taken at our office.
4. A financial estimate of treatment fees can only be given after the evaluation. Co-pays are due at the time of service.
5. Minors must be accompanied by a parent or guardian.
6. Please bring pertinent insurance information with you to your first appointment.
7. Please bring this form with you to your first appointment.

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