Aden Dental

14010 NE. 21st St. • Bellevue, WA 98007 Tel: (425) 643-1335 • Fax: (425) 401-8758

www.adendental.com

THI D. NGUYEN, DDS, MAGD, DICOI, AFAAID

Referring Office	
Referring Doctor	Today's Date
Patient's Name	DOB
Patient's Phone	Medical Co. 1 E. O. Co. de Latrice fusica de la companya del companya de la companya de la companya del companya de la company
☐ Call patient to arrange care ☐ Patient will call	
☐ Oral / IV Sedation ☐ Extractions ☐ Surgical Exposure / Bond Unerrupted Teeth ☐	Dental Implants ☐ Extractions / Bone-graft ☐ Guided Bone / Tissue Regeneration (Ridge Augmentation / Sinus Graft) ☐ Implant Placement ☐ Implant —Supported Prosthesis
Endodontics F ☐ Root Canal Therapy ☐ Root Canal Retreatment	Radiographs: □ Emailed to: adendentalbellevue@gmail.com □ PA □ PANO □ CT □ Please take as needed
Please indicate teeth to be extracted/treated:	A Marian Commence of the
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 Permarks	

Please see reverse side for maps & contact information and patient instructions.

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Prior to Your Appointment

1. If you have x-rays, please arrange to have them emailed to our office.

2. If prior to your procedure you develop a cold, fever, cough, or otherwise become ill, please contact us at (425) 643-1335 immediately.

3. Please verify your insurance coverage prior to making your appointment. In order to process your insurance properly, you must bring your insurance ID cards and your photo IDto your appointment. We are happy to bill your insurance as a courtesy on your behalf, but your estimated co-payment will be due at the time of treatment. Any other arrangements must be made prior to your surgery visit.

4. Bring a list of medications and their dosage that you are currently taking.

ATTENTION: PATIENTS WHO WILL BE SEDATED

 Do <u>not</u> eat or drink anything (including water, coffee, soda) within <u>6 hours</u> of your appointment. If you take prescription medications, take them as prescribed with a minimal amount of water only.

If you wear contact lenses, please leave them out or bring a case and remove them prior to surgery.

3. A responsible adult must accompany you, remain with you in the office, drive you home and must be able to stay with you for at least 6 hours after the treatment.

4. Patients under the age of 18 must be accompanied by a parent or a legal guardian.

Following sedation, you must not drive an automobile, operate any dangerous machinery, or undertake any responsible decision making for the next 24 hours.

