

# Aden Dental

14010 NE. 21<sup>st</sup> St. ♦ Bellevue, WA 98007

Tel: (425) 643- 1335 ♦ Fax: (425) 401-8758

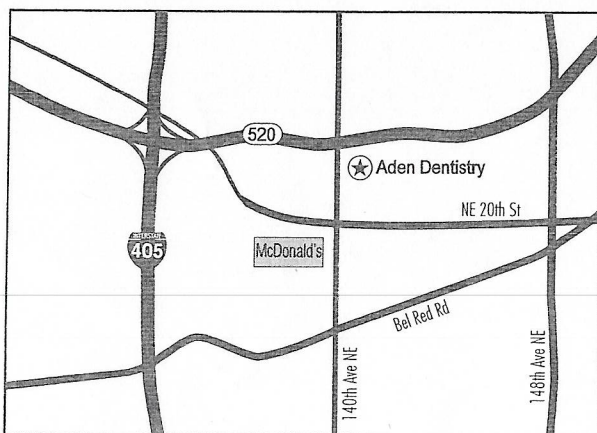
[www.adendental.com](http://www.adendental.com)

## 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 ID to 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

1. **Do not eat or drink anything (including water, coffee, soda) within 6 hours of your appointment.** If you take prescription medications, take them as prescribed with a minimal amount of water only.
2. 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.
5. Following sedation, you must not drive an automobile, operate any dangerous machinery, or undertake any responsible decision making for the next 24 hours.



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

Referring Office \_\_\_\_\_

Referring Doctor \_\_\_\_\_ Today's Date \_\_\_\_\_

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_ Patient's Phone \_\_\_\_\_

☐ Call patient to arrange care

☐ Patient will call

Your appointment is on \_\_\_\_\_

## Oral Surgery

☐ Oral / IV Sedation

☐ Extractions

☐ Surgical Exposure /  
Bond Uninterrupted Teeth

☐ Pre-prosthetic surgery  
(Tori removal, Alveoplasty, Vestibuloplasty)

## Dental Implants

☐ Extractions / Bone-graft

☐ Guided Bone / Tissue Regeneration  
(Ridge Augmentation / Sinus Graft)

☐ Implant Placement

☐ Implant -Supported Prosthesis

## Endodontics

☐ Root Canal Therapy

☐ Root Canal Retreatment

☐ Apicoectomy

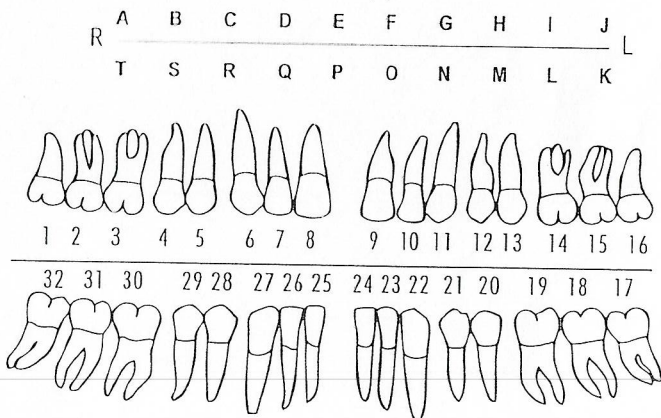
## Radiographs:

☐ Emailed to: adendentalbellevue@gmail.com

☐ PA ☐ PANO ☐ CT

☐ Please take as needed

Please indicate teeth to be extracted/treated:



Remarks \_\_\_\_\_