



JOHN J. PETRINI JR. DDS, MS, FACP.  
Fellow of the American College of Prosthodontics

**SPECIALISTS IN IMPLANTS & PROSTHODONTICS**

221 SW 155<sup>th</sup> Street  
Burien, WA 98166  
Office (206) 242-6660  
Fax (206) 243-4782

EMAIL: [patient-coordinator@petriniprosthodontics.com](mailto:patient-coordinator@petriniprosthodontics.com)  
WEBSITE: [www.PetriniProsthodontics.com](http://www.PetriniProsthodontics.com)

DATE \_\_\_\_\_

INTRODUCING \_\_\_\_\_

REFERRING DOCTOR \_\_\_\_\_

Patient Contact Number ( \_\_\_\_\_ ) \_\_\_\_\_

Patient Email \_\_\_\_\_ @ \_\_\_\_\_

- Please Contact Patient For An Appointment
- Patient To Contact Your Office For An Appointment

**REASON FOR REFERRAL:**

- Complete Treatment
- Implants
- Limited Treatment as Indicated

Comments \_\_\_\_\_

\_\_\_\_\_

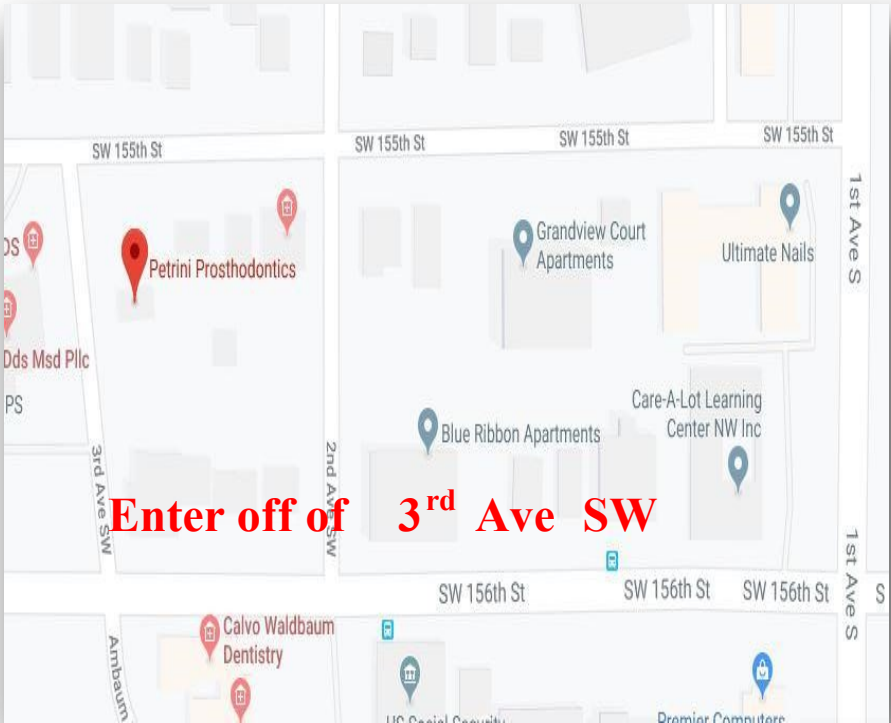
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**RECENT RADIOGRAPHS:**

- Unavailable, Please Take New Radiographs
- Accompanying Patient
- Mailed To Your Office

APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

**PLEASE BRING THIS REFERRAL SLIP WITH YOU**



**Enter off of 3<sup>rd</sup> Ave SW**

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**\* Our office is located between SW 155<sup>th</sup> & 156<sup>th</sup>-on 3<sup>rd</sup> Ave-enter from 3<sup>rd</sup>**

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