ROOSEVELT
ORAL SURGERY

REFERRAL FORM

Michael M. Siew, DDS, MD, FACS
Oral & Maxillofacial Surgeon
916 NE Ravenna Blvd, Suite A · Seattle, WA 98115
Ph (206) 845-7333 · Fax (206) 672-1369
referrals@rooseveltoralsurgery.com

REFERRING PROVIDER

Provider _____ **Practice** _____ **Date** _____

Phone _____ **Email** _____

PATIENT INFORMATION

Pt Name _____ **DOB** _____ **Pt Phone** _____

Email _____ **Preferred Contact** _____

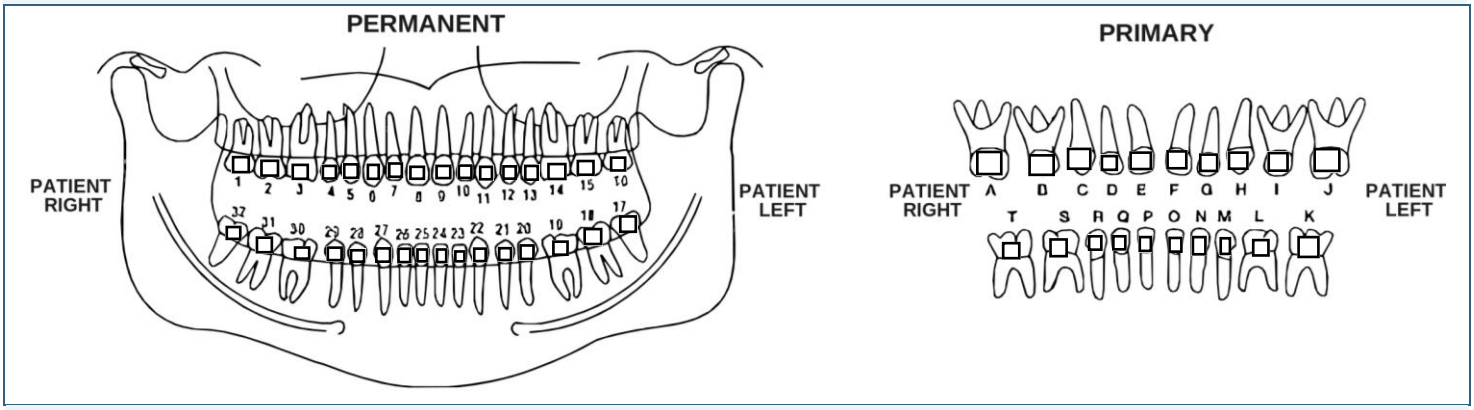
REASON FOR REFERRAL

EXTRACTIONS ☐ Wisdom Teeth ☐ Other Extraction Tooth/Teeth: _____

IMPLANTS & BONE GRAFTING ☐ Implant ☐ Bone Grafting ☐ Sinus Lift Site: _____

OTHER ORAL SURGERY ☐ Expose & Bond ☐ Biopsy / Pathology ☐ Facial Trauma ☐ Other: _____

TOOTH / TREATMENT AREA



CLINICAL NOTES / REASON FOR REFERRAL

RADIOGRAPHS & RECORDS

☐ Panoramic ☐ PA ☐ CBCT ☐ Other ☐ Records uploaded separately Date: _____

SECURE REFERRALS & RECORDS

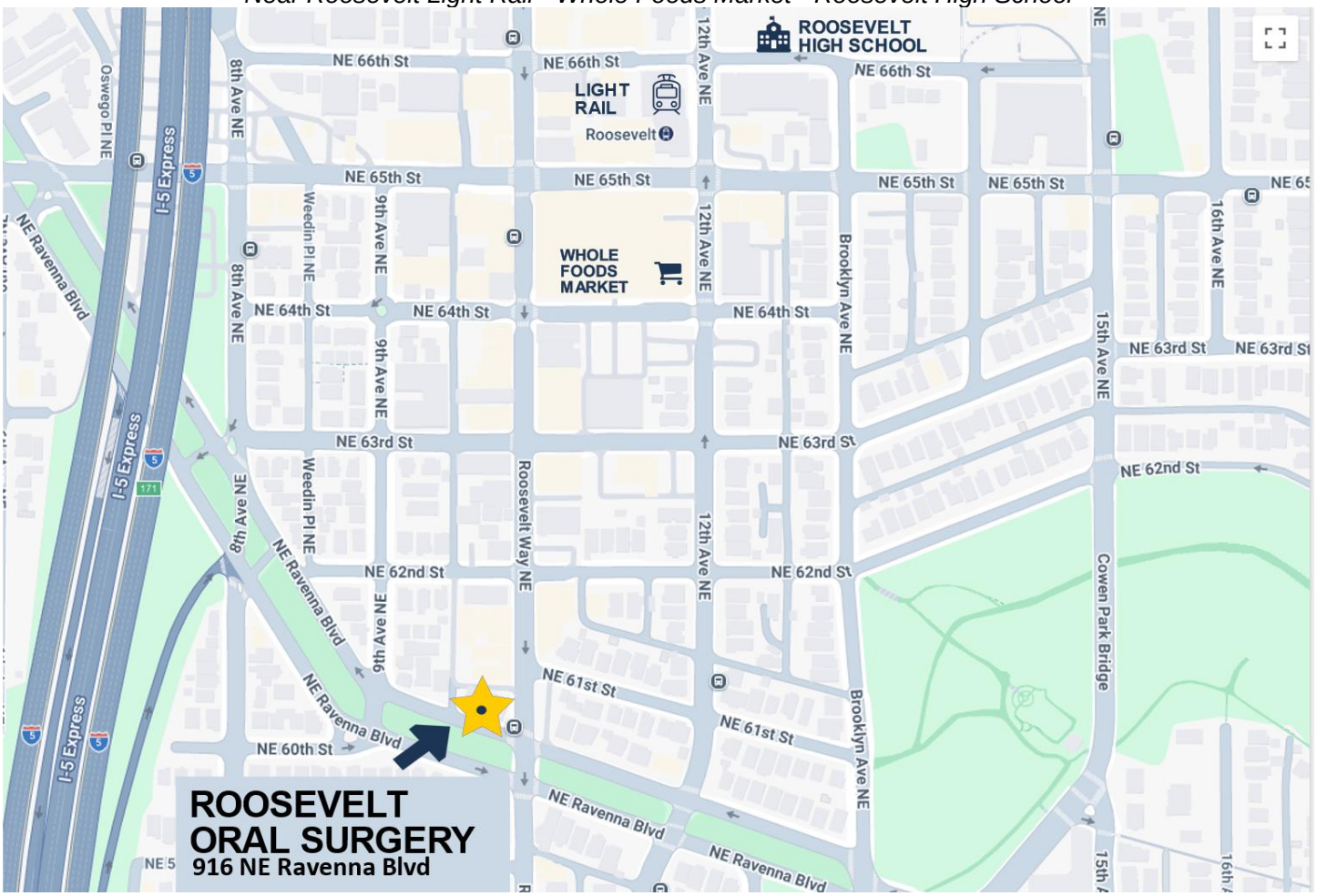
Scan to submit a referral or upload supporting records.
rooseveltoralsurgery.com/referrals

DIRECTIONS

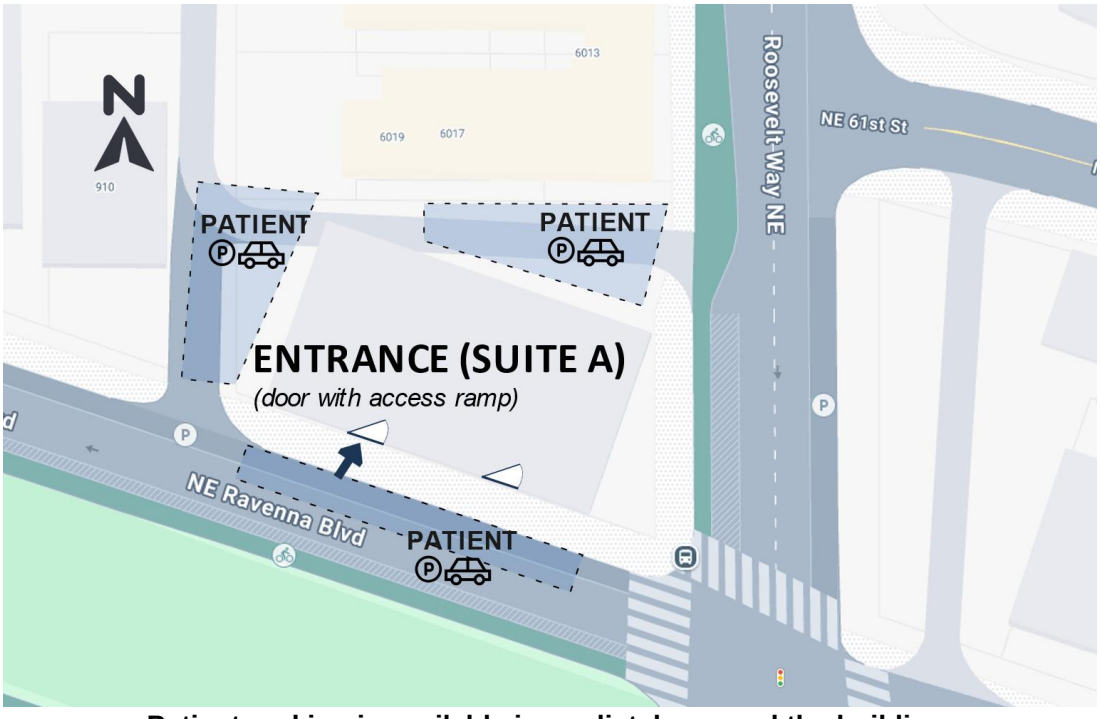
Roosevelt Oral Surgery
916 NE Ravenna Blvd, Suite A
Seattle, WA 98115
rooseveltoralsurgery.com/map

GETTING TO ROOSEVELT ORAL SURGERY

Near Roosevelt Light Rail · Whole Foods Market · Roosevelt High School



PARKING & ENTRANCE



Patient parking is available immediately around the building.
Enter Suite A from the NE Ravenna Blvd side through the door with the white railing.