



Implants & Prosthodontics

Hoon Ko, DMD, MS

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Introducing: _____

Patient Phone: _____

Patient will call Please call patient for an appointment

Referring doctor: _____ Date: _____

Reason for referral:

- Full mouth rehabilitation
- Implant restoration
- Crown | Veneer
- Fixed bridge
- Complete | partial denture
- Implant overdenture | hybrid

Areas of concern:

	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	
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	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

Radiographs:

Enclosed Please take

Notes:

Our Office



600 University St Ste 819 • Seattle WA 98101
206 624 7706 • www.kodental.us

Parking validation is provided for the garage across from
our building,

Hilton Seattle Parking
1301 6th Avenue Seattle, WA 98101

