



RANDALL H. OGATA, D.D.S., M.S.
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Orthodontic Referral Information

Referred by: _____ Date: _____

Patient: _____ Patient Birthdate: _____

Address: _____

Parent: _____

Preferred Telephone: _____ Home, Work, Cell (circle one)

Type of Orthodontic Evaluation Requested

For interceptive or comprehensive treatment

Specific concern or comments: _____

Current panoramic x-ray available

Enclosed

Patient Instructions

Upon receiving your call for an examination, we will set aside a time especially for the patient where Dr. Ogata can gather clinical findings with minimal interruptions. During the examination appointment, we will discuss your orthodontic problems, concerns and severity; estimated treatment time & orthodontic fees.

Your appointment time is reserved especially for you; please contact our office at least 24 hours in advance in the event you need to reschedule. Parents and/or guardians should accompany children and adolescents.

Member:

- American Association of Orthodontics
- American Dental Association
- Washington State Dental Association
- Seattle-King County Dental Society