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Daniel Yoo, DDS Loan Nguyen, DDS
Specializing in Dentistry for Infants, Children, and Adolescents

Date _____

Introducing _____

Referring Dr. _____

This patient is being referred for evaluation of the following:

- Caries/Decay
- Extractions - Tooth # _____
- Fractured Tooth
- Growth and Development
- Missing Teeth
- Oral Habits
- Orthodontic Evaluation
- Periodontal Condition
- Pulp Therapy - Tooth # _____
- Other: _____

Patient also presents with and requires additional care due to:

- Autism
- Behavioral Disability
- Down's Syndrome
- Mental Disability
- Physical Disability
- Other: _____

Comments: _____

