



1620 Duvall Ave NE
Suite # B
Renton, WA 98059
(425) 235-4830

QING "BILL" WAN, DDS, MS
Board Certified Orthodontist

Referring Dentist _____ Referral Date _____
Patient Name _____ DOB _____
Parent/Guardian Name (if applicable) _____

Referral Concerns

- General orthodontic examination
- Specific concern(s) _____

Patient's Current Preventative, Restorative & Periodontal Health

- Does this patient have your permission to start orthodontic treatment?
 Yes (*up to date with dental checkup and care*) No
- Is there dental treatment pending? _____
 Yes (*please list teeth/restorations*) No

Applicable Radiographs

- Will E-mail to:
info@sekijimaorthodontics.com
- None available

FREE CONSULTATION

Thank you for your referral!

We provide both braces and Invisalign!

