

# Thomas S. Maring, M.D., D.M.D., P.S.

ORAL & MAXILLOFACIAL SURGERY  
IMPLANTS & RECONSTRUCTIVE SURGERY

www.MaringSurgical.com

509 OLIVE WAY, SUITE 750  
SEATTLE, WA 98101

PHONE (206) 343-7500

FAX (206) 343-7600

E-mail: drmaring@drmaring.com

Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Referred By Dr: \_\_\_\_\_ Dr. Phone: \_\_\_\_\_

- Consultation & Examination
- Extraction
- Extraction of Third Molars
- Implant Consultation

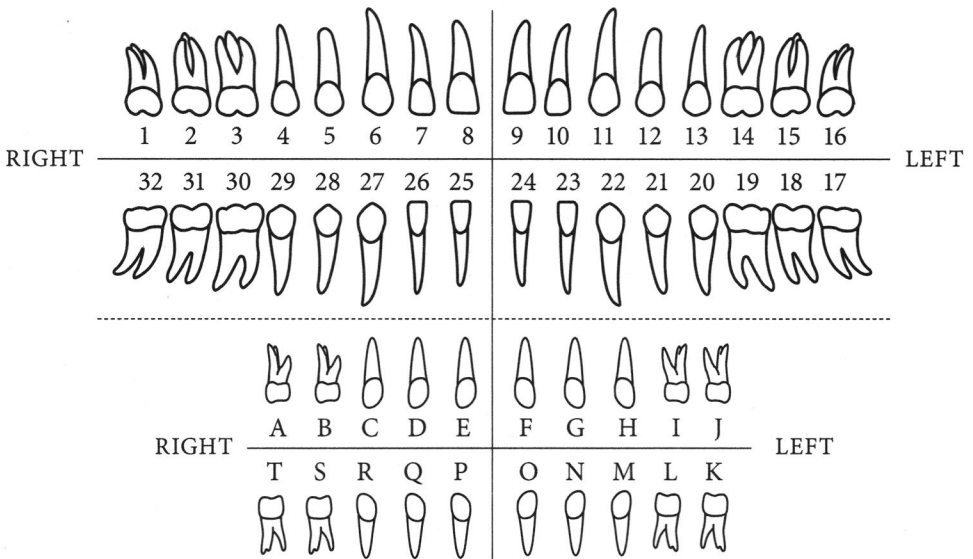
- Orthognathic Consultation
- Soft/Hard Tissue Reconstruction
- Pathology
- Other

Other helpful information about the patient: \_\_\_\_\_

- Patient will call
- Please call patient for an appointment

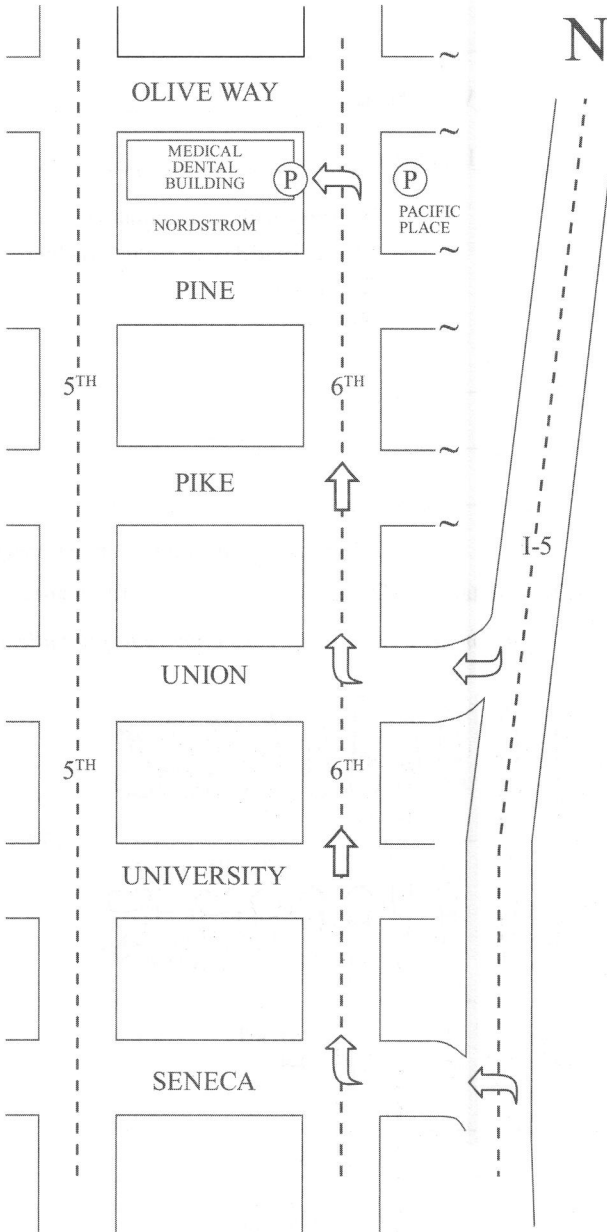
- Radiographies:**  Please call  Please take  Sent with patient  Emailed

*Thank you for your kind referral. We will be in contact with you after consulting with your patient.*



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MEDICAL DENTAL BUILDING  
509 OLIVE WAY, SUITE 750  
SEATTLE, WA 98101  
(206) 343-7500



## FROM THE NORTH

Take I-5 to the Union St. exit,  
turn right on 6<sup>th</sup>.

## FROM THE SOUTH

Take I-5 to the Seneca exit,  
turn right at 6<sup>th</sup> Ave.

## PARKING

Available under  
Medical Dental Building  
or at Pacific Place.

1. Please arrive 15 minutes prior to your Initial appointment in order to complete paperwork.
2. Please bring your referral slip and any pertinent x-rays.
3. If you are having a procedure with sedation, you must have nothing to eat or drink 8 hrs prior to your procedure (this includes water). You must have an adult with you to drive you home.
4. You will be given an estimate for any proposed procedures. We will contact your insurance as a courtesy. We do ask for your co-payment on the day of surgery.
5. A 48 hr notice is required to reschedule any appointment.
6. If you are under the age of 18, you must have a parent or legal guardian accompany you during each visit.