



SEATTLE  
SPECIAL CARE DENTISTRY™

Bart Johnson, DDS, MS

Amy Winston, DDS

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone (primary): \_\_\_\_\_

Hosp #: \_\_\_\_\_ Phone (alternate): \_\_\_\_\_

Birth date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Contact phone/E-mail: \_\_\_\_\_

Urgency:  < 48 hrs (please call SSCD)  < 2 wks  Routine

Reason for referral:

Additional History and Information:

Medically complex

Developmentally

Disabled/Special needs

Transplant

Radiation Oncology

Medical Oncology

Hemophilia

IV sedation/GA

Other

Map/directions on reverse

*Thank you for your referral!*

206-524-1600 (ph)

206-524-1603 (Fax)

[www.seattlespecialcaredentistry.com](http://www.seattlespecialcaredentistry.com)

4915 25th Avenue NE

Suite 205

Seattle, WA 98105