



**Jun Sun, DDS, MSD, PhD
PROSTHODONTIST**

PROSTHODONTICS REFERRAL FORM

Today's Date: _____

Patient Name: _____ Patient Phone: _____

Referring Doctor: _____ Office Phone: _____

Comments: _____

Reason for Referral:

- Complete Dentures and Partial Dentures
- Crowns and bridges
- Veneers and Inlays/ Onlays
- Implant supported prosthesis
- Other: _____

Available Dental History/Record:

- X-rays
- CBCT
- Photographs
- Perio chart
- Other: _____

Appointment:

- Please contact patient.
- Our patient was advised to call your office for an appointment.

We appreciate your referral and the trust you've placed in us to care for your patient. Following the initial consultation, we will be in touch with you.

Welcome to Our Practice in Sun Dental Bellevue!

5611 119th Ave SE, Suite 5 Bellevue, WA 98006

www.sundentalbellevue.com

Email: drsundentalcare@gmail.com Phone: (425) 644 - 0300



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PROSTHODONTIST
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DIRECTIONS

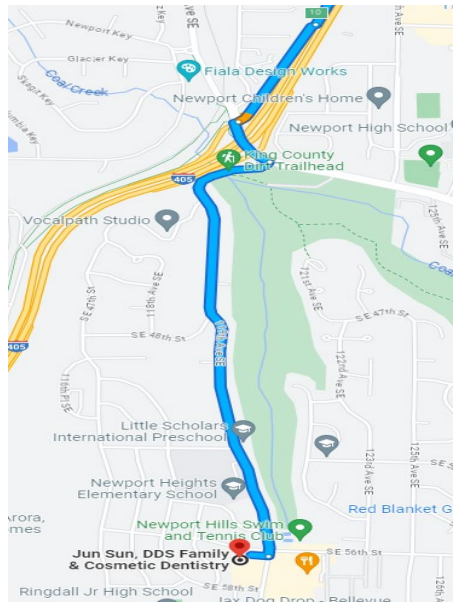
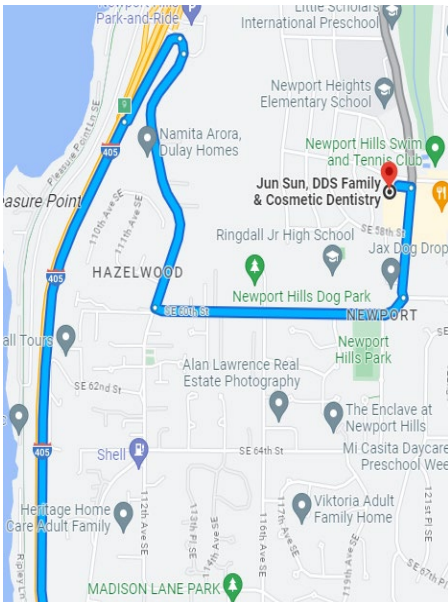
From I-405 South

1. Take exit 9 toward 112th Ave SE.
2. Turn right onto Lake Washington Blvd SE.
3. Turn left onto SE 60th St.
4. Turn left onto 119th Ave SE.
5. Turn left onto SE 56th St.

You'll find 5611 119th Ave SE, Suite 5 / Jun Sun, DDS on your left.

From I-405 North

1. Take exit 10 for Coal Creek Pkwy.
2. Turn left onto Coal Creek Pkwy SE.
3. Turn right onto 119th Ave SE.
4. Turn right onto SE 56th St.
5. Continue straight to your destination.



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