

THE SLEEP APNEA & FACIAL PAIN CENTER

Jeffrey W. Doneskey, DMD

CERTIFIED SPECIALIST IN ORAL MEDICINE

Patient's name: _____

Date of birth: _____

Work Phone: _____

Home Phone: _____

Referred by: _____

Date: _____

Reason for referral: _____

Comments and specific requests: _____

Pertinent medical information: _____

Welcome to our practice.

Please call 425.646.6409 for your initial appointment.

Date and time: _____

Cascade Medical Building

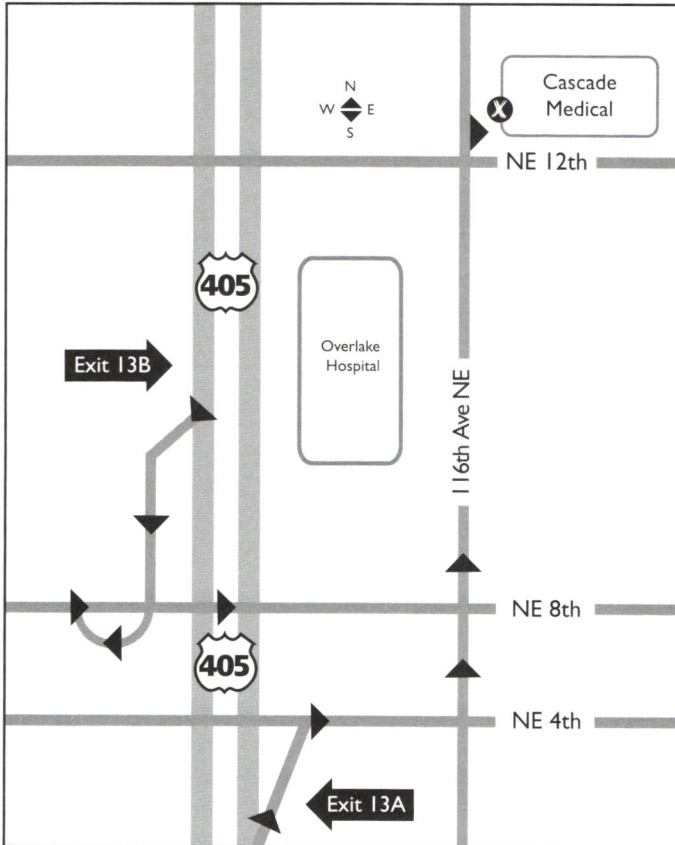
1414 116th Ave NE, Suite A • Bellevue, WA 98004
P. 425.646.6409

Driving North on I-405:

- Exit No. 13 A
- Right on NE 4th St.
- Left on 116th Ave NE
- Turn right into the Cascade Medical Building, Suite A.

Driving South on I-405:

- Exit No. 13 B East
- Right on NE 8th St.
- Left on 116th Ave NE
- Turn right into the Cascade Medical Building, Suite A.



Please bring with you:

- Available x-rays and medical/dental records
 - Oral appliance or night guard
- Medical/Dental insurance information
 - Your referral slip