

**REFERRAL  
For  
One Stop Dentistry**

**Mostafa Norooz, D.D.S., M.S., F.A.G.D., F.I.C.O.I.  
Licensed Sedation Dentist**

Jackson Hall Medical Center Building  
314 M.L. King Way, Suite 206  
Tacoma, WA 98405

Phone (253) 383-3713 • Fax (253) 383-0874  
Website: [www.dentisttacoma.com](http://www.dentisttacoma.com)

Date of Referral: \_\_\_\_\_

Introducing: Mr./Ms. \_\_\_\_\_

Patients Phone#/Email: \_\_\_\_\_

Referred by Dr: \_\_\_\_\_

Office #: \_\_\_\_\_

Reason for Referral:

Hospital Dentistry/General Anesthesia

I.V. Sedation

Gag Reflex Management

Consultation

Medically Compromised

Implant Dentistry/Full Mouth Restoration

Ortho. Band/Bracket Placement

Referring Doctor's Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_