

Dr. Tran Miller, DMD

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Providers List

Please provide information for the following that apply:

Primary care

Provider name _____ Clinic Name _____

Phone number _____

Pulmonologist/ Sleep Physician

Provider name _____ Clinic Name _____

Phone number _____

Cardiologist

Provider name _____ Clinic Name _____

Phone number _____

General Dentist

Provider name _____ Clinic name _____

Phone number _____

Other

Provider name _____ Clinic name _____

Phone number _____ Specialty _____

Provider name _____ Clinic name _____

Phone number _____ Specialty _____

Provider name _____ Clinic name _____

Phone number _____ Specialty _____