



REFERRAL

Date: / /
 Month Day Year

Referring Dr.: _____

Patient: _____

Birth Date: / /
 Month Day Year

Address: _____

City _____ Postal Code _____ Male or Female _____

Phone: Res. _____ Bus. _____ Cell _____

Email: _____

Dental Plan: Prim. Ins. _____ Sec. Ins. _____
 Subscriber _____ Subscriber _____
 Gr# _____ Gr# _____
 ID# _____ ID# _____
 Birth Date _____ Birth Date _____

Has patient previously been seen by us? yes no

Teeth Needing Examination/Treatment

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Consideration

Patient requires premed antibiotic: _____
 Patient may require Anti-anxiety meds
 Prior difficulty with anesthesia

Referral Request

- Consult Only
- Consult and Treatment, as necessary
- Treat Irreversible/Necrotic pulp
- RCT initiated, please complete
- Retreatment or Surgery
- Other:

Existing Restoration

- Natural tooth
- Permanent Crown
- Permanent Crown temp cement, please remove
- Temporary
- Permanent Crown will be replaced

Requested Coronal Endo

- Temporary restoration
- Bonded core and composite
- Post space
- Other:

Urgency

- Patient in Pain
- Treat ASAP
- Schedule at convenience

Additional Information:

Signature: _____

Office Stamp: