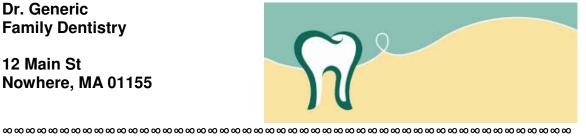


Sample Dental Referral Form

Dr. Generic **Family Dentistry**

12 Main St Nowhere, MA 01155



| Referral Form |
|--|
| Please complete and fax back to the office at 555-1555. For urgent concerns please fax and follow up by phone: (111)555-1912 |
| Reason for referral: |
| Oral exam findings: |
| Routine dental care suggested. |
| New Patient referral. Patient is currently not followed by a dentist. Routine oral care suggested. |
| Patient instructed to contact dentist sooner than next scheduled visit if pain or concerns arise. |
| Recommend oral examination by a dentist as soon as possible. |
| Recommend immediate follow-up with an oral care provider. Patient instructed to contact dentist today. A call was placed to your office. |
| Patient requires immediate medical attention. Patient instructed to go to the emergency room. |
| Comments: |
| |