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:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

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