

Referral Form: Request for a Dental Exam

Patient Information

Patient Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Male | Female

Parent/Caregiver: _____

Tel: (____) - ____ - _____ Tel: (____) - ____ - _____

Mailing Address: _____

Interpreter Needed? Yes | No Language: _____

Reason for Referral (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Needs a dental home | <input type="checkbox"/> Presents with these oral conditions: |
| <input type="checkbox"/> High risk for decay; presents with these risk factors: | <input type="checkbox"/> Gingivitis |
| <input type="checkbox"/> Poor oral hygiene | <input type="checkbox"/> White spot lesions |
| <input type="checkbox"/> Parent/sibling has poor oral health/hygiene | <input type="checkbox"/> Visible decay |
| <input type="checkbox"/> Frequent consumption of food and drinks with high sugar content | <input type="checkbox"/> Dental trauma |
| <input type="checkbox"/> Low fluoride in drinking water | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Special healthcare needs | <input type="checkbox"/> Other oral lesions (describe):
_____ |
- Urgency: Routine Care | Urgent

Additional Information:

Date of Referral (MM/DD/YY): ____/____/____

Physician Signature: _____

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An Important Message for Parents and Caregivers:

Childhood tooth decay is a serious disease with profound consequences

Dental caries (tooth decay) is the single most common disease of childhood. The consequences of dental caries on children and adolescents can be profound. Pain, suffering and eventual tooth loss from untreated caries can interfere with a child's ability to breathe, eat, taste, swallow, sleep, communicate and learn—all of which are vital to health and development. Simply put: dental decay compromises a child's health and sense of well-being. Unlike the common cold or an ear infection, dental caries does not get better on its own or with a course of antibiotics; it must be treated.



As a non-dental healthcare provider, I am not trained to diagnose or treat dental decay. However, based on the oral screening performed on your child, I highly recommend you call your child's dentist or dental hygienist to schedule an appointment for your child to be examined for tooth decay.

If you do not currently have a dentist, I would like to refer you to the dental office indicated below.

Referral to a Dentist for an Oral Exam

Dentist: _____

Dentist Telephone: (_____) - ____ - _____

Clinic Name and Address:



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