



### Example Referral Form for Restorative Care

*This form is an example of a paper referral form that could be used for referring patients for restorative care.*

*TO USE: Make a copy for your records, email a scanned version to the dentist you circled for the referral and give the original to the patient.*

**FROM:**

- <Name of Referring Medical Clinic>
- <Address of Referring Medical Clinic>
- <Tele. # of Referring Medical Clinic>
- <Fax # of Referring Medical Clinic>
- <Email Address of Hygienist at Referring Medical Clinic>

**REFERRING TO:**

- <Name of Dental Clinic Receiving Referral>
- <Address of Dental Clinic Receiving Referral>
- <Tele. # of Dental Clinic Receiving Referral>
- <Days and Hours Dental Clinic is Open>

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

INSURANCE: \_\_\_\_\_ NOTES: \_\_\_\_\_

Referring for evaluation and treatment as needed.

Hygiene visit already scheduled with <Name of Referring Medical Clinic> dental hygienist. Thank you!

Referred By <Name of Referring Hygienist at Medical Clinic>

X-Rays Enclosed: \_\_\_\_\_ Take X-Rays: \_\_\_\_\_ X-Rays Emailed: \_\_\_\_\_

**Primary Dentition**

Tooth #	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
Treatment Needed (X) or Surfaces																				





**Maxillary Permanent Dentition**

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Treatment Needed (X) or Surfaces																

**Mandibular Permanent Dentition**

Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Treatment Needed (X) or Surfaces																

