



## Introducing

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**Contact Info (phone # & email)**

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**Insurance Carrier**

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## Office Referring

- Dentist
  - General
  - Specialist
- Medical Office

**Referring Office Info (Name, phone #, email)**  *Please refer back to our office for continuation of care*

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## Reason for Referral

- General Dentistry**
    - Acute Issue (please elaborate)
  - Oral Surgery (please provide tooth number)**
  - Endodontics (please provide tooth number)**
    - Place orifice barrier and temporary filling and return back to office for final restoration
    - Place buildup but refer back to our office for crown
    - Treat tooth in its entirety
  - Pediatrics (Please Elaborate)**
  - Oral Conscious Sedation (We do NOT sedate under the age of 13)**
  - Implants**
    - "ALL ON X"
  - Prosthetics**
  - Medical Clearance (please provide surgery date if known)**
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# SMITHFIELD

FAMILY DENTISTRY

**NOTES**