Dental Referral Resource Template

On the second page of this document is a template to be used in the pediatric practice to keep track of dental referral sources and their pertinent information. The template can be adjusted as needed for each individual practice and posted at the front desk and in exam rooms. If possible, it may be helpful for the provider to call the dentist when making a referral while the patient is in the room to show importance of the appointment and to speak personally with the dentist. Scroll down to view and customize for your practice.

Pediatric Dentists

| Name | Telephone Number | Insurance Plans Accepted | Medicaid/CHIP Accepted (Y/N) | Accepts Children Ages | Other Info |
|-----------------------|---------------------|---------------------------------------|------------------------------------|--------------------------|---|
| Dr Joe Smile | 847-422- 6323 | BC/BS, Cigna, United Healthcare | У | 0 and 21 | Located conveniently in the local shopping center, friendly staff |
| ADD ROWS AS NEEDED | | | | | |

Family Dentists

| Name | Telephone Number | Insurance Plans Accepted | Medicaid/CHIP Accepted (Y/N) | Accepts Children Ages | Other Info |
|-----------------------|---------------------|--------------------------|------------------------------------|--------------------------|-----------------------------|
| Dr Frank Family | 847-422- 5896 | BC/BS | У | 0 and 21 | Loves infants and toddlers! |
| ADD ROWS AS NEEDED | | | | | |
| | | | | | |

Public Health Dental Clinics, Charity/Donated Time Programs, Other

| Name (Contact | Telephone | Insurance Plans | Medicaid/CHIP | Accepts | Other Info |
|---------------|-----------|-----------------|---------------|---------------|------------|
| Person) | Number | Accepted | Accepted | Children Ages | |
| | | | (Y/N) | | |

| Kids Smiles (Linda | 847-456- | N/A | N/A | 0 and 21 | Monthly clinic, accepts adults as well |
|--------------------|----------|-----|-----|----------|--|
| Smith) | 8695 | | | | as kids |
| ADD ROWS AS | | | | | |
| NEEDED | | | | | |
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