

Pediatric medical-to-dental care referral form

Patient Information

Patient Name: _____

DOB: ____ / ____ / ____

Parent/Guardian: _____

Height: _____

Telephone: _____

Weight: _____

Medical Professional Information

Pediatric Care Professional: _____

Date: ____ / ____ / ____

Telephone: _____

Fax: _____

Signature: _____

Follow-Up Request

This patient is being referred for a dental evaluation and care in a dental home. If this patient requires sedated care, please contact our office to discuss next steps. Until this child can be seen regularly by a dental professional, our office will provide periodic oral health screenings, oral hygiene guidance, and fluoride varnish/supplementation as needed. Please indicate if this child was seen in your office by faxing our office a short note with information regarding the visit and a follow-up plan. Thank you.

Referral Information for Dental Professional

Reason for Referral: Immediate care needed Abnormal oral screening Routine dental care

Other, please describe

Concerns: _____

Describe conditions that could affect their receipt of routine or restorative dental care that could require anesthesia:

Known Allergies: _____

(continued on back)

Medications Patient is Currently Taking:

Significant Medical Conditions: None Yes (specify)

Teeth Present: None Yes

Oral Exam Findings: Good oral health White spots or obvious dental caries Gingivitis

Other, please describe

Notes:

Does someone brush the child's teeth daily? Yes No Don't know

Does the child use toothpaste with fluoride? Yes No Don't know

Does the child go to bed with a bottle or cup? Yes No Don't know

Was fluoride varnish applied? Yes, Date _____ No Don't know

Were fluoride supplements prescribed? Yes, Date _____ No Don't know

Other oral health concerns:

Dental Professional Information

This child has been referred to

Dental Professional Name: _____

Telephone: _____ Fax: _____

Questions about how to pay for dental care? Call your dental benefits professional or get information about coverage at insurekidsnow.gov or by calling 2-1-1.

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