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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