



REFERRAL

Date of Referral _____

Patient Information

Please Print

First Name _____ Last Name _____

Home Address _____

City _____ State/Prov _____

Zip/Postal _____ Country _____

Hygienist Information

Please Print

First Name _____ Last Name _____

Title _____

Phone _____ Mobile _____

Email Address _____ Signature _____

Patient Assessment

No obvious problems observed; Please continue regular check-ups with your family dentist.

Although we could not do a full and comprehensive examination, we did notice some dental problems that should be treated.

Description: _____

Therefore, we recommend you:

See a dentist soon for further examination and treatment;

See a dentist as soon as possible.

We also noticed that your child may have some health problems and recommend that you take your child for further evaluation to see:

Physician _____ for _____

Other _____ for _____

Project Co-Sponsors:

Premier

The International Federation of Dental Hygienists

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