



**Referral Form**

Date: .....

This is to introduce: .....

Who is being referred for (if extractions, please indicate tooth numbers):  
 .....

Relevant Medical and Dental History:  
 .....

Date of last prophy/ fluoride/ x-rays: .....

Referring Dr: ..... Dr's tel : .....

Please report – written (please include e-mail /fax) .....

Please report – by phone                       Radiographs included

