Sample Form: P	Patient Referral Let	ter	
Date:			
Dear Dr	<del>.</del>		
	ces		in our practice since
This patient is being referred	for consultation/treatment of the f	following condition(s):	
We have provided the follow	ing diagnostic information (and da	te obtained) to aid your consul	tation and assessment.
	; Bitewings:		
Study Models:	; Intraoral Video/Photos:	; Other:	
We have recently completed	the following evaluation/treatment	t on the dates indicated:	
Full Mouth Exam:	; Periodontal Exam:	; TMJ Exam:	<del>;</del>
Prophy:	; Scaling & Root Planing:	; Periodontal Surge	y:;
Extractions: Tooth #	_,; Endodontic	cs: Tooth #,	<del></del> ;
Restorations: Tooth #	; #	_,; #	;
#,	; #,		
Crown & Bridge: Tooth #	; #	; #	;
Implants: Tooth #, _	; P/P:	; F/F:	;
Ortho:	·		
	s of teeth # Th		e treatment plan.
We have told the patient the	following about his/her condition:		
When you have completed w	our consultation and/or treatment,	places request that the nations	t contact our office to proceed
with further needed dental ca		please request that the patient	t contact our office to proceed
When you have completed ye	our consultation and/or treatment,	please provide us with the follo	owing information:
Please call with any questions	s. Thank you for accepting this refe	erral.	
Sincerely,			
Jack Hannah, D.D.S.			

This sample letter is for illustrative purposes only. Your letter's content and layout may be different. We encourage you to modify this letter to suit your individual practice and patient needs. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar letters in your practice. Published by CNA and provided through the Dentist's Advantage insurance program and the National Society of Dental Practitioners. Copyright © 2019 CNA. All rights reserved. Published 5/19.