

Sample Form: Patient Referral Letter

Date: _____

Dear Dr. _____:

This letter of referral introduces _____, who has been a patient in our practice since _____.

This patient is being referred for consultation/treatment of the following condition(s):

We have provided the following diagnostic information (and date obtained) to aid your consultation and assessment.

Radiographs: FMX: _____; Bitewings: _____; Panoramic: _____; CBCT: _____

Study Models: _____; Intraoral Video/Photos: _____; Other: _____.

We have recently completed the following evaluation/treatment on the dates indicated:

Full Mouth Exam: _____; Periodontal Exam: _____; TMJ Exam: _____;

Prophy: _____; Scaling & Root Planing: _____; Periodontal Surgery: _____;

Extractions: Tooth # _____, _____; Endodontics: Tooth # _____, _____;

Restorations: Tooth # _____, _____; # _____, _____; # _____, _____;

_____, _____; # _____, _____; # _____, _____

Crown & Bridge: Tooth # _____, _____; # _____, _____; # _____, _____;

Implants: Tooth # _____, _____; P/P: _____; F/F: _____;

Ortho: _____, _____.

Please provide the prognosis of teeth # _____. They are of critical concern to the treatment plan.

We have told the patient the following about his/her condition:

When you have completed your consultation and/or treatment, please request that the patient contact our office to proceed with further needed dental care, including:

When you have completed your consultation and/or treatment, please provide us with the following information:

Please call with any questions. Thank you for accepting this referral.

Sincerely,

Jack Hannah, D.D.S.