OXNARD
DENTAL REFERRAL GROUP
PARTNERS IN SUCCESS

PATIENT NAME_____
REFERRED BY DR._____
DENTIST ADDRESS_____
DATE_____ PHONE_____

REASON FOR REFERRAL

ENDODONTICS

- ☐ CONSULTATION
- ☐ RE-TREATMENT
- ☐ ROOT CANAL
- ☐ OTHER
- ☐ APICOECTOMY
- ☐ CORE BUILD UP
  - ☐ YES
  - ☐ NO

IMPLANT DENTISTRY

- ☐ ENDOSTEAL IMPLANT (#_____)
- ☐ IMPLANT ABUTMENT (#_____)
- ☐ IMPLANT CROWN (#_____)

ORAL SURGERY

- ☐ EXTRACTION(S)
- ☐ MAXILLARY TORI
- ☐ MANDIBULAR TORI
- ☐ ALVEOPLASTY OF SITE
  - ☐ URQ
  - ☐ LRQ
  - ☐ ULQ
  - ☐ LLQ

ORTHODONTICS

- ☐ CONSULT
- ☐ CROWDED TEETH
- ☐ SPACED TEETH
- ☐ EXCESS OVERJET
- ☐ UNDERBITE
- ☐ DEEP BITE
- ☐ OPEN BITE
- ☐ CROSSBITE MIDLINE
- ☐ DISCREPANCY
- ☐ IMPACTED TEETH
- ☐ MISSING TEETH
- ☐ HARMFUL HABIT FACIAL GROWTH
- ☐ PROBLEMS
- ☐ TONGUE THRUST

PROSTHODONTICS

- ☐ REMOVABLE DENTURES
- ☐ IMPLANT RETAINED PROSTHESIS
- ☐ IMPLANT RESTORATIONS
- ☐ SMILE MAKEOVER
- ☐ CUSTOMIZED ESTHETIC RESTORATIONS
- ☐ CROWNS
- ☐ ALL ON 4 CONSULT
- ☐ FULL MOUTH RECONSTRUCTION

PEDIATRIC DENTISTRY

- ☐ BEHAVIOR MANAGEMENT
- ☐ COSMETIC INTERVENTION
- ☐ MULTIPLE CARIES
- OTHER

PERIODONTICS

- ☐ FULL PERIODONTAL EVALUATION
- ☐ LIMITED PERIODONTAL EVALUATION
- ☐ COSMETIC SURGERY
- ☐ SOFT TISSUE GRAFT (#_____)
- ☐ CROWN LENGTHENING (#_____)
- ☐ RIDGE AUGMENTATION
- ☐ GUMMY SMILE

SRP DATE

(.....)

	MOLARS	BICUSPIDS	ANTERIORS	BICUSPIDS	MOLARS
	1 2 3	4 5	6 7 8 9 10 11	12 13	14 15 16
R					L
	32 31 30	29 28	27 26 25 24 23 22	21 20	19 18 17

ADDITIONAL COMMENTS_____

REFERRAL DENTIST SIGNATURE_____