



Oral Health Patient Consultation/Referral Form

Patient Information

First Name	Middle Initial	Last Name
Mailing Address, City, State, ZIP		
Phone Number	Email Address	
Consult Requested By (Medical Provider):		Date
Office Phone Number	Office Fax Number	Office Email Address

Oral Health Evaluation Request

Dear Dental Colleague: Please evaluate this patient and provide any information that will assist us in providing medical care as described below. Medical treatment may be delayed pending your written recommendations. Thank you for your prompt return of this consult.

<input type="checkbox"/> Patient scheduled for medical consult:	Appointment Date	Appointment Time
<input type="checkbox"/> Patient will call to schedule an appointment		

Reason for evaluation:

<input type="checkbox"/> Dental pain or swelling	<input type="checkbox"/> Oral pathology/biopsy
<input type="checkbox"/> Dental trauma	<input type="checkbox"/> Missing teeth
<input type="checkbox"/> Lost or defective restoration	<input type="checkbox"/> Needs dentures
<input type="checkbox"/> Evidence of dental decay	<input type="checkbox"/> Cancer/radiation treatment
<input type="checkbox"/> Impacted teeth/partially erupted teeth	<input type="checkbox"/> Cardiovascular surgery
<input type="checkbox"/> Suspect periodontal disease	<input type="checkbox"/> Transplant
<input type="checkbox"/> Other:	

The patient presents with the following medical diagnoses (problem list):

1.	4.
2.	5.
3.	6.

Medications:

1.	4.	7.
2.	5.	8.
3.	6.	9.

Medical treatment planned:

Provider Signature	Date
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Please complete dental evaluation on the reverse of this form

Patient Authorization to Release Medical Information

I hereby authorize release of my health information to the medical office requesting this consultation.

Patient Signature

Date

Oral Health Evaluation Report

Evaluation findings:

Dental issues related to proposed treatment:

Recommendations/treatment plan:

Evaluation Completed By (print)

Office Phone Number

Office Fax Number

Office Email Address

Dentist Signature

Date