Apex Dental

6330 Riverside Plaza Ln NW, Ste 165, Albuquerque, NM 87120
Phone:505433 5411 Fax:505 639 4684 Email:
apexdentalnm@gmail.com

PATIENT REFERRAL FORM

REFERRING TO DOCTOR

☐ DR. SUNIL K REDDY DMD ☐ DR. KRANTI BELLAM DMD ☐ DR. SUNEEL NAMBURI DMD

PATIENT INFORMATION

First Name : _____ Last Name : _____

Telephone : _____ E-Mail : _____

Patient will call for Appointment* ☐ Yes ☐ No

Please call patient to schedule an Appointment* ☐ Yes ☐ No

If Patient is in pain and needs to be seen as soon as possible, please inform the Patient Coordinator when scheduling First appointment

REFERRING DOCTOR INFORMATION

Referred By*: _____ Referring Date* : _____

Telephone*: _____ Email : _____

Please call me before proceeding with treatment* ☐ Yes ☐ No

This patient is being referred for the evaluation of the following :

- ☐ Extractions / Wisdom teeth
- ☐ Evaluation
- ☐ Tooth Pain / Infection
- ☐ Abcess
- ☐ Dental Caries
- ☐ Dentures
- ☐ Dental Implants
- ☐ Dental Emergency
- ☐ Root Canals
- ☐ Oral cancer screening
- ☐ Gum disease/ Periodontal
- ☐ Dry mouth
- ☐ Night Guard /Mouth Guard
- ☐ Braces / Orthodontics
- ☐ Frenectomy
- ☐ Fillings
- ☐ Sensitive teeth
- ☐ Sleep Apnea Appliance
- ☐ Mouth Sores
- ☐ Worn-out teeth

Other : _____

_____

RADIOGRAPHS

Date taken :

- ☐ Being Mailed
- ☐ Being Emailed
- ☐ Given to Patient
- ☐ No Radiographs
- ☐ Please Take

MODELS

- ☐ Being Mailed
- ☐ Given to Patient
- ☐ No Models
- ☐ Please Take

Special instructions or Remarks

*Mandatory to Fill for Electronic submission.