

# 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.