

## REFERRAL FORM

Patient Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_  
**Referred By:** \_\_\_\_\_ **Referring Practice Name:** \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

## REASON FOR REFERRAL

- |   |  |
|---|--|
| <input type="checkbox"/> TMJ/TMD Evaluation & Treatment                               | <input type="checkbox"/> Tethered Oral Tissue Evaluation/Frenectomy (Child, Teen, Adult)   |
| <input type="checkbox"/> Comprehensive Bite / Occlusal Evaluation / Records           | <input type="checkbox"/> Sleep-Related Breathing Disorders or Snoring Appliance Evaluation |
| <input type="checkbox"/> Complete Dental Rehabilitation (Wear, Grinding, Sensitivity) | <input type="checkbox"/> Preventive / General Dentistry                                    |
| <input type="checkbox"/> CBCT Imaging & Diagnostic Interpretation                     | <input type="checkbox"/> Second Opinion (explain below)                                    |

Other: \_\_\_\_\_

- Symptoms / Concerns: \_\_\_\_\_
- Duration of Symptoms: \_\_\_\_\_
- Previous Treatments (if any): \_\_\_\_\_
- Evaluation Date: \_\_\_\_\_
- Relevant History / Symptoms / and Clinical Notes

## IMAGING

- If you have patient radiographs, please provide copies prior to patient's consultation appointment.
- Digital radiographs of high quality are preferred; however, all formats are accepted.

**\*Please note most of these diagnoses/procedures will require a 3D CBCT with all TMJ evaluations. (except infant/child tots) \***

Please email this form along with any clinical notes, imaging or additional documentation to:

**TC@gdi.dental** or Fax (989) 224-2704

## SCHEDULING:

- We're happy to make the process as smooth as possible.
- The referring provider's office is welcome to reach out to Graceful Dental Innovations to coordinate care, or patients may call us directly!
- Please call us at (989) 224-7559

We look forward to collaborating in your patient's care!