

PLEASE COMPLETE ALL INFORMATION

Patient Name: _____ DOB: _____ Today's Date: _____

Parent Name (if patient is a minor): _____

Patient Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Home Cell Work (circle one)

Referring Entity:

Referring Dentist Name: _____

Office Address: _____
Street City State Zip

Office Phone: _____ Email: _____

Reason for Referral: (Please Circle All Applicable)

1. Referring entity does not provide this type of treatment.
2. Patient financial considerations.
3. Other reason: _____

If this referral is for an extraction(s), please call Oral Surgery directly at 405-271-4079

Treatment Requested:

- Endo (**PA required for each tooth requested**) Tooth # _____
- Crown (**PA AND BW required for each tooth requested**) Tooth # _____
- Other _____ (**PA/BW and Pano Required**) Tooth # _____

E-mail jpeg digital images securely with form to Sabrina-Savage@ouhsc.edu or mail this form with x-rays to:
Sabrina Savage - OU College of Dentistry - 1201 N Stonewall Ave Suite 238 Oklahoma City, OK 73117

Date of Patient's Last Visit and Tx Performed: _____

Student Preference (if applicable): _____

My signature verifies that this patient is currently receiving comprehensive treatment in my practice and that I will provide the recommended follow-up care indicated. I understand and agree that the College of Dentistry faculty may decline the referral based on treatment complexity or recommend that the patient be screened and accepted for comprehensive care as a patient at the College of Dentistry in order to complete the treatment requested if it is in the patient's best interest to do so.

Referring Dentist's Signature: _____

College of Dentistry Use Only

Date: _____ **Student Name:** _____ **PSC:** _____ **Dx Code:** 741469

- Root Canal Anterior (D3310) Tooth # _____ \$182.00 Root Canal, Pre-molar (D3320) Tooth # _____ \$225.00
- Root Canal Molar (D3330) Tooth # _____ \$273.00 Pre-fab Post & Core (D295) Tooth # _____ \$85.00
- Crown, Tooth # _____ \$500.00 Other, _____ Tooth # _____

Always collect Pre-payment for Endo and enter a general note into the EHR!