

FOR CHILDREN UP TO AGE 12 ; SPECIAL NEEDS UP TO AGE 15 (CASE BY CASE BASIS)

PATIENT REFERRAL FORM
Bay Area Dental Surgery Center
1172 Cadillac Court, Milpitas, CA 95035
Phone (408)946-9800 Fax (408)946-5005
BayAreaDentalSurgeryCenter.com



Referral Date: _____

Patient Name: _____ Age: _____ D.O.B. _____

Patient Phone #: _____ Alternate #: _____

Dental Insurance: _____ Insurance ID#: _____

Referred By: _____ DMD / DDS / MD Date of last exam/ x-rays: _____

Office Name: _____ Address: _____

Office Phone #: () _____

Reason for Referral: Please check one or more (Children ages 7 to 15 require more than 1 criteria for authorization)

_____ Use of effective communicative techniques and the inability for immobilization failed or was not feasible based on the medical needs of the patient. (Specify in Medical History section)

_____ Patient requires extensive dental restorative or surgical treatment that cannot be rendered under local anesthesia or conscious sedation.

_____ Surgical procedure(s) require General Anesthesia (explain) _____

_____ Patient has acute situational anxiety due to immature cognitive functioning.

_____ Patient is uncooperative due to certain physical or mental compromising conditions. (Specify in Medical History section)

_____ Local anesthetic is contra-indicated due to: **Acute Abscess** / **Other:** _____

_____ Alternative Methods Were Unsuccessful (please mark all that apply)

- Show, Tell Do Method Nitrous Oxide Oral Sedation Local Anesthetic

_____ Other (please specify) _____

Medical History: _____

_____ **ROUTINE DENTAL CARE** _____ **URGENT/ EMERGENCY DENTAL CARE NEEDED**

Please describe / attach the proposed dental treatment plan and/ or findings: _____

Please indicate the services requested by the referring Dentist:

_____ Complete Dental Treatment under General Anesthesia

_____ Only the Following Treatment: _____

Dentist Signature: _____

Directions to Our Facility:

From Highway 880: take the Dixon Landing Road exit, make a right turn on California Circle, then make a right turn on Cadillac Court, the Surgery Center will be on the left side.

From Highway 680: Take the Scott Creek Road exit, make a left on Warm Springs Road, then a right turn on Dixon Landing Road, then a left on California Circle, then a right turn on Cadillac Court, the Surgery Center will be on the left side.

Patients/ Parents:

Please call the Surgery Center as soon as possible. You **MUST** bring your insurance ID. We look forward to meeting you. **Thank You.**