evergreen
Hospital Dentistry

## REFERRING OFFICE/PROFESSIONAL

Date Referred _____ Referring Clinic _____

City _____ Email _____ Phone # _____

## PATIENT INFORMATION

Patient Name _____

DOB _____ Contact name ☐ (Parent/Guardian) _____

Email _____ Phone # _____

Address _____

## REASON FOR REFERRAL: _____

I am requesting (may choose one or more):

- ☐ Dental Rehabilitation (Bilateral) under General Anesthesia in Hospital OR setting
- ☐ Dental Extractions under General Anesthesia
- ☐ Dental/Oral Management of Medically Complex Patients
- ☐ Consult Only for Hospital Dentistry
- ☐ Other: _____

Please circle teeth to be evaluated:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | A | B | C | D | E | F | G | H | I | J | | | |
| | | | T | S | R | Q | P | O | N | M | L | K | | | |
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

## PATIENT'S CHIEF MEDICAL CONDITION(S)

Medical/Dental Diagnosis–Example: Autism Spectrum Disorder, Cleft Lip/Palate, Turner Syndrome:

_____

_____

ICD-10 Code(s): _____

**Information check off list (PLEASE EMAIL WHERE APPLICABLE):**

- ☐ Dental Progress Chart Notes ☐ Medication List, Allergies, Comorbidity
- ☐ Copy of Dental and Medical Insurance Cards

Dental Imaging:
- ☐ X-Rays DATE: _____ ☐ Emailed ☐ Sent with Patient ☐ Not on File
- ☐ CBCT DATE: _____ ☐ Emailed ☐ Sent with Patient ☐ Not on File
- ☐ Intraoral Photos DATE: _____ ☐ Emailed ☐ Sent with Patient ☐ Not on File

☐ Other: _____

**Preferred consult site location:** See map on the back.
☐ Gladstone ☐ Portland ☐ Albany ☐ Salem ☐ Hood River

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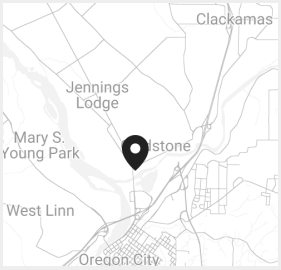
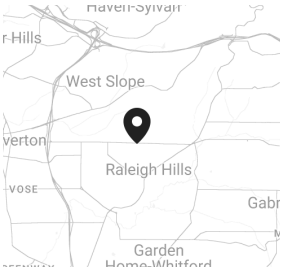
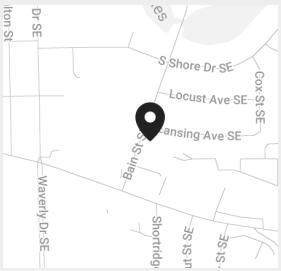
## CONSULTATION LOCATIONS



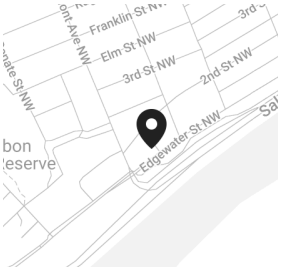

### GLADSTONE OFFICE
20140 McLoughlin Blvd,
Gladstone, OR 97027



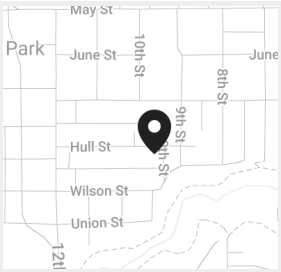

### PORTLAND OFFICE
8568 SW Apple Way,
Portland, OR 97225




### ALBANY OFFICE
1025 Bain St SE,
Albany, OR 97322




### SALEM OFFICE
1353 Edgewater St NW,
Salem, OR 97304




### HOOD RIVER OFFICE
1029 May Street ,
Hood River OR 97031