



Physician/Dentist/Independent Hygienist Referral Form

Boulder Valley Dental Center, PLLC

Dr. Tracey Hughes

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I provide several services that are unique (see below) and welcome referrals from physicians, other dentists, and independent hygienists.

I strive to maintain the highest degree of professionalism and relationship with my referring providers and have systems in place to assure patients are referred back to their referring dentists/independent hygienists once I have completed requested treatment(s).

I will not perform additional treatment or maintain referred patients in my practice continuing care program unless otherwise requested.

Thank you for your trust in me!

Dr. Hughes

Please fill out the form on the next page.

Physician/Dentist/Independent Hygienist Referral Form

Date: _____

Referring Doctor: _____ Your Patient's Name: _____

Office Telephone: _____ Patient's Telephone: _____

Your E-mail Address: _____

Check box(s) that apply:

- Patient will call to schedule.
- Please call the patient to schedule.
- Appointment has been scheduled.
- Please refer patient back to our office once requested treatment has been complete.
- Please enroll patient in your continuing care program, patient will not be returning to our office.

Radiograph(s) (check box that applies)

- Will be emailed to info@bouldervalleydental.com
- Sent with patient
 - Check box if x-rays need to be returned
- None available

The patient is being referred for evaluation of the following:

- Periodontal Disease/LANAP Consultation
- Sleep Apnea Appliance Consultation
- Sedation Dentistry Consultation (Ages 18-67 only)

Check all that apply:

- Dental anxiety
- Bad dental experiences in the past
- Needle phobia
- Sensitive gag reflex
- Difficult getting numb
- Need for complex treatment in as few appointments possible
- Cosmetic Consultation
- Laser Frenectomy Consultation
- Bruxism/TMJ Consultation
- Six Month Cosmetic Braces
- Athletic Mouthguard
- Other _____

Comments: