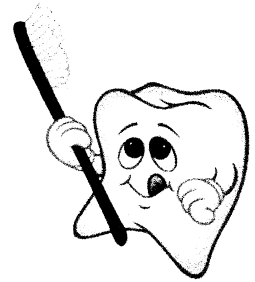


**New Ages accepted!! Children up to age 15 and the Special Needs patient up to age 17**

**PATIENT REFERRAL FORM**

**Salida Surgery Center**

5712 Pirrone Road, Salida, CA 95368  
Phone (209)543-9299 Fax (209)543-9699  
SalidaSurgeryCenter.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 17 need 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 Modesto, Ceres, Turlock, Merced: Hwy 99 North, Exit Hammett Road, Turn Right; Pirrone Road, Left to Surgery Center*  
*From Stockton, Lodi, Sacramento: Hwy 99 South, Exit Hammett Road, Turn Left; Pirrone Road, Left to Surgery Center*

**Notice to 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.***