

# Villagekids

## Patient Referral Form

Knowles, Smith & Associates LLP DENTISTRY

### Patient Details

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Email \_\_\_\_\_

Insurance Coverage      \_\_\_ Cash                      \_\_\_ Insurance              \_\_\_ Medicaid

X-rays Enclosed?      \_\_\_ Yes                      \_\_\_ No

Study casts enclosed      \_\_\_ Yes                      \_\_\_ No

Photos enclosed/attached      \_\_\_ Yes                      \_\_\_ No

### Referring Practitioner Details

Practice Name \_\_\_\_\_ Referring Doctor \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Office contact \_\_\_\_\_ Phone \_\_\_\_\_

### Please Indicate Type of Referral

\_\_\_ First Dental Visit                      \_\_\_ Decay/Caries                      \_\_\_ Dental Trauma

\_\_\_ Enamel Defect                      \_\_\_ Frenectomy (Tongue/Lip Tie)

\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_