BDG BEDFORD DENTAL GROUP

Today's date _____

New Patient Referral Sheet

A. IDENTIFYING INFORMATION

Name_____ Address_____

Age _____ _____

Date of birth_____ Email _____

Sex ☐ male ☐ female Phone number(s)_____

Referred by _____

☐ Heart Murmur ☐ Artificial Pacemaker ☐ Mitral Valve Prolapse

Any cardiac conditions that requires antibiotic prophylactic regimen? _____

B. INSURANCE INFORMATION

Primary insurance _____ DOB of person insured_____

Name of insured _____ Relationship to patient _____

ID # _____ Address of ins. co. _____

Group # _____ _____

Secondary insurance _____ DOB of person insured _____

Name of insured _____ Relationship to patient _____

ID # _____ Address of ins. co. _____

Group # _____ _____

C. REVIEW OF SYMPTOMS

Have you recently had any of the following?

- ☐ Bleeding Gums
- ☐ Bad Breath
- ☐ Clicking or popping jaw
- ☐ Food collection between the teeth
- ☐ Grinding teeth
- ☐ Pain upon chewing
- ☐ Sensitivity to cold or hot
- ☐ Sensitivity to sweet
- ☐ Yellow & Discolored teeth
- ☐ Loose teeth or broken filling
- ☐ Crowding of teeth
- ☐ Sleep Apnea
- ☐ Trouble falling asleep at night
- ☐ Snore at night
- ☐ Painful Gums
- ☐ Dry mouth
- ☐ Oral side effects from medication
- ☐ Mouth sores
- ☐ Headaches
- ☐ Nausea
- ☐ Gastric upset

Patient Signature _____ Date _____

(If younger than 18, Parent/ Guardian signature required)

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D. DENTAL HISTORY

Do you have any amalgam (metal) fillings? _____ If yes, how many? _____

Have you had any amalgam fillings in the past and had them removed? _____ When? _____

Do you have any root canal? _____ If yes, how many? _____ How old? _____

Have you had any gold crowns or fillings?_____ If yes, how many? _____

Have you had Periodontal treatment?_____

Have you had oral cancer screening? _____

How often do you brush your teeth? _____

How often do you Floss? _____

E . DOCTOR'S RECOMMENDATIONS

_____

_____

_____

_____

_____

Your oral health is more important that you might realize. The health of your mouth, teeth and gums can affect your general health.

F. TO RESCHEDULE YOUR APPOINTMENT, PLEASE CALL US.

BEDFORD DENTAL GROUP

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bhdentists.com

Your health starts with your mouth.

Patient Signature _____ Date _____
(If younger than 18, Parent/ Guardian signature required)