

DENTAL SPECIALIST REFERRAL FORM

This form should be completed by the referring dentist and given to the patient to bring to their specialist appointment.

Referring Provider Information

Referring Dentist: _____
Practice Name: _____
Phone: _____
Email: _____
Date of Referral: _____

Patient Information (Required)

Patient Name: _____
Date of Birth: _____
Member ID: _____
Patient Phone: _____
Patient Email: _____

Reason for Specialist Referral (Check all that apply)

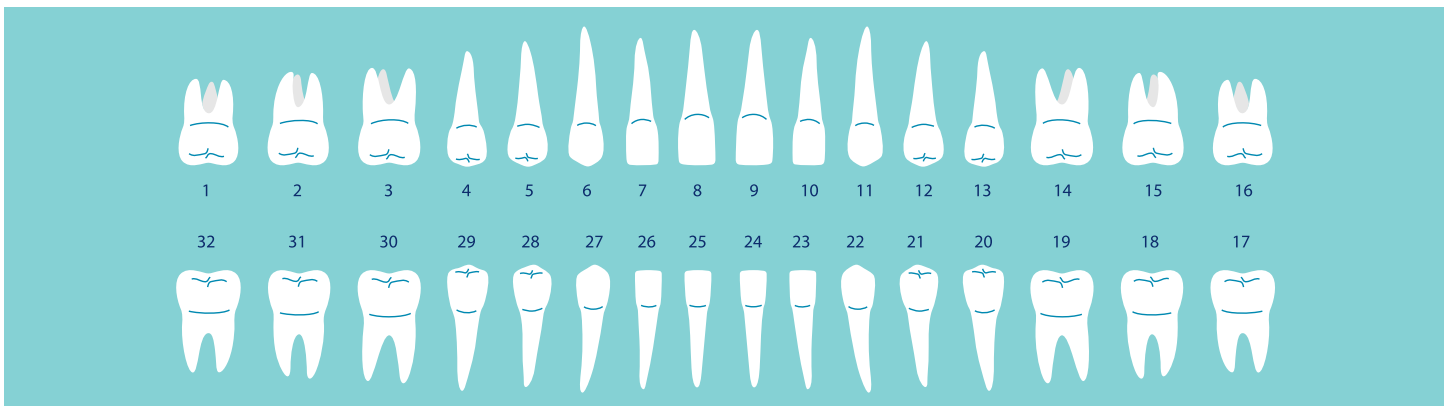
- Untreated dental problems
- Behavioral needs (anesthesia, sedation, or communication support)
- Developmental delays that impact dental care
- Complex treatment beyond general dentistry scope
- Medical needs requiring specialized care

Recommended Specialist Type:

- Pediatric Dentist
- Endodontist
- Oral Surgeon
- Other: _____

Radiographs

- Provided to patient
 - Available upon request
 - Will be emailed to specialist
 - N/A
- Date of most recent radiograph: _____



Referring Provider Notes: *Include relevant clinical findings, treatment history, and special considerations*

FINDING A SPECIALIST

Patient Instructions



STEP 1: Use the Find a Dentist Tool



Scan the QR code
or visit bit.ly/dq-fad to
find a dentist near you.


OR

Call your DentaQuest Dental Plan:


 **Los Angeles County:**
1-855-388-6257


 **Sacramento County:**
1-833-479-1984

STEP 2: Provide this completed form and the following information to the specialist:

 Member ID and
date of birth

 Contact details

 Medical or
behavioral needs

 This referral
form

STEP 3: DentaQuest can help with:

- Finding an available specialist
- Scheduling your appointment
- Transportation or other support if needed
- Case Management for members with special needs or major barriers to care
- Translation services



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