

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)*

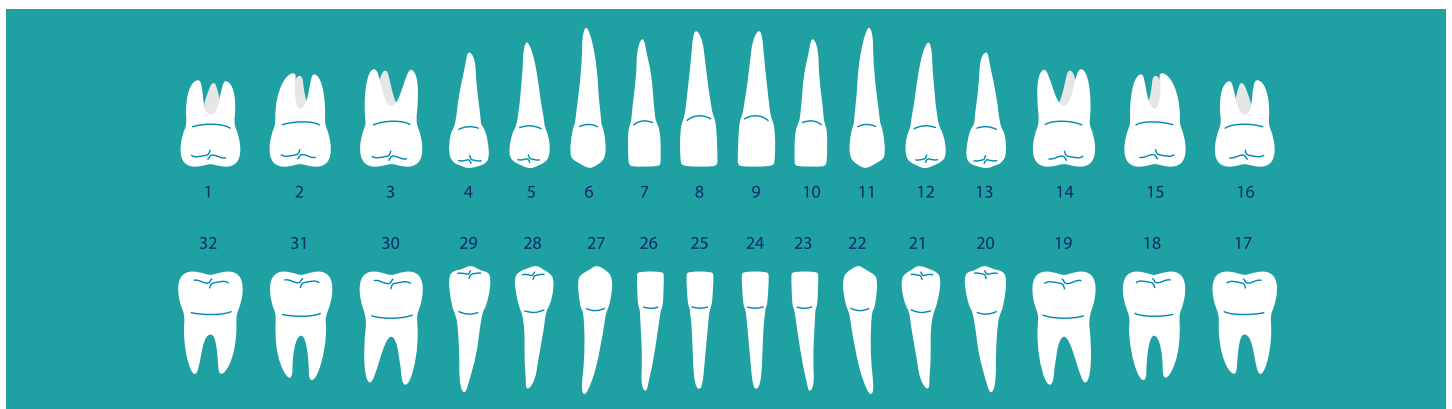
- Untreated dental problems
- Behavioral needs (anesthesia, sedation, or communication support)
- Developmental delays that impact dental care
- Complex treatment beyond general dentistry scope
- Medical needs requiring specialized care

Recommended Specialist Type:

- Pediatric Dentist
 Endodontist
 Oral Surgeon
 Other: _____

Radiographs

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



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/healthnet-getstarted to find a dentist near you.

Or, call the Health Net Call Center:

- Los Angeles County: 1-844-233-4522
- Sacramento County: 1-833-493-0428

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: Health Net 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

