

## Your Referral Based Practice

### Your PATIENT Referrals

- ☺ Your attitude toward the patient, along with specific systems that support that attitude, is the basis of your patient referrals.
- ☺ Your wonderful Attitude toward the Patient and Family:
- ☺ You make each patient (and their family members) know that they are important to you; give them value!
- ☺ You treat the patient and family that same way that you treat someone who is very important to you.
- ☺ Whatever is important to the patient is important to you.
- ☺ You never assume that you know what the patient wants, needs or feels, you ask him/her. And then you incorporate it into what you are doing for them; you stay attuned to them!

Since you show this kind of attitude you are a successful patient-centered, referral-based practice. Now lets look at the systems you use to show this attitude.

### Your PATIENT Referral Programs

- ☐ Your patient referrals occur because the patient is pleased with your exceptional service and your wonderful attitude, which is supported by the systems you use.
- ☐ You Team Provides Chronological Patient-Centered Services:
  - ☺ The services start with the initial phone call and continue on toward the end of retention.
  - ☺ Your exceptional services at the New Patient Phone Call, where the *RECEPTIONIST*:
    - ☺ is on the lookout for new patient calls, so that when she answers they feel as if they are already a part of the practice, as if they were an old friend.
    - ☺ clears her mind before picking up the receiver, so that she can be totally involved with the caller, in a positive supportive manner.
    - ☺ instantly recognizes a new patient call, and if she cannot be totally involved with the new patient call, she transfer the call to someone who can handle it (TC if available).
    - ☺ uses the “New Patient Call Sheet” raps as noted in the Patient Centered Services Manual. She shows enthusiasm, but not excessively, giving the caller value by listening for and supporting what the caller talks about.
- ☐ The TC does a PRE-EXAM PATIENT CALL the day before the exam visit to identify herself, answer any questions, remind them about the HHQ sent to them, reminds them of their appointment date/time, and makes them feel like the practice is very much looking forward to meeting them, which it is. The TC shows enthusiasm, but not excessively, for what the patient wants to talk about.
- ☐ At the patient-centered EXAM the TC's procedures include “raps” that are phrased to give the patient value. Above she makes the patient the subject of the exam, she makes them feel important by:
  - ☺ addressing all questions to the patient, no matter what their age.
  - ☺ giving value to the answers the patient gives, by supporting the answers.

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- ☺ taking the patient's diagnostic records immediately after the exam to save them an extra trip to the office.
- ☐ At the Tx Consult the TC:
  - ☺ uses “raps” that are phrased to give the patient value, by concentrating on the patient without slighting the parents.
  - ☺ is structured yet flexible with financial arrangements, giving value to the patient's financial situation, and trying to work within its limits.
  - ☺ Has the separation/impressions done after the consult to save them an extra appointment.
- ☐ The clinical team gives the patient value at the initial banding by addressing their concerns about their braces and focusing on their responses during their instructions.
  - ☺ The doctor (or clinical team member) gives the patient a new braces care call the evening of the day they get their braces to make sure that the patient is not uncomfortable with them.
  - ☺ At each active treatment visit the patient feels that they are important.
  - ☺ The patient is asked if there are any concerns about their braces, and if any, those concerns are given value, discussed and resolved by the doctor and team members.
  - ☺ The patient is educated as to what is happening with their treatment and when new archwires, bands, etc. are placed, the patient and parent are told what the new appliances do to enhance their treatment.
  - ☺ At the 6-month review visits, the doctor (or clinical team member) gives a report to the patient/family, praising them for their good work in making the treatment successful, and supporting them where they need help (appointments, brushing, etc.).
  - ☺ At the DeBanding, the doctor and team members celebrate the patient's successful treatment:
    - ☺ A group picture is taken and a little gift is presented showing your appreciation for all of their help.
    - ☺ The patient/family is given a copy of the End of Active Tx PCD letter, and has it explained to them, so that they understand what was accomplished in treatment.
    - ☺ At the retainer insertion, the patient is given value by emphasizing the need to wear the retainers by indicating how hard the patient has worked to attain their treatment results. The patient is given a Retention Summary Card to have written instructions for their retainers.
  - ☺ At the end of retention, the patient/family is given a copy of the End of Retention Tx PCD letter and has it explained to them, giving value to them by emphasizing their positive efforts to attain a successful final treatment result.
- ☐ You Positively Interact with the Patients and their Families:
  - ☺ Your team is organized by position and you have a balanced “practice personality” to provide your services.
  - ☺ You schedule your patients and see them on time with your customized scheduling system.
  - ☺ Your team members have establish their “raps” for all situations, so that the essence of your team's attitude is automatically fostered.
  - ☺ You positively interact with patients in public:
    - ☺ You know and recognize your patients and their family when you meet them.
    - ☺ Your practice has and will sponsor/coach teams (sports, dance, etc.).
    - ☺ Your practice has been and will be involved in Community-Improvement Projects.

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The attitudes and programs noted above that give the patient exceptional services, personal value and importance. They are why you are successful and they are the source of your patient-referred new patients. But the family dentist, the patient's Primary Care Dentist or PCD, is also a great source of patients and he/she and his/her dental team want and appreciate the same kind of attitude

## Your PCD Referrals

- ☐ Your attitude toward the referring dentist along with specific systems that support that attitude are the basis of your dental referrals. Your Wonderful Attitude toward the Dental Practice includes:
  - ☺ You support the work the dentist does for the good of their patients.
  - ☺ You make each referring dentist aware that you are doing everything possible to support his or her practice; you give each dentist value!
  - ☺ You are proud to enthusiastically support the dental practice in every possible way, through ongoing oral and written communications.
  - ☺ You feel proud that the dentist's patients are being treated by your team, as you provide the patient with your exceptional treatment and service.

## Your PCD Referral Programs

PCD referrals are all based on “a continual flow of information and interest between the orthodontic and dental practice” and the continual flow of information is about your mutual patients. The flow of information can be just informal letters and treatment request forms or much, much more; it can be personal contact through telephone calls and personal contact between your team and the family dentist's team.

- ☐ The Flow of Written Communications to the Dentist starts with the initial exam communications:
  - ☺ The doctor sends the PCD a Post-Exam notification of the new patient's orthodontic needs with a personal note that bonds your practice with theirs.
  - ☺ The TC keeps track of all of the PCD's patients and whether they were directly or indirectly referred.
  - ☺ The TC make an appointment for the patient with their PCD while at the new-patient exam, if dental treatment is required.
- ☐ It continues with Post-Consult and Pre-Starting Communications:
  - ☺ The doctor sends the PCD a Post-Tx Consult Notification of the patient's specific problems and treatment requirements, along with a personal note that bonds your practice with theirs.
  - ☺ If there are multiple problems, requiring other referrals to an oral surgeon, periodontist, etc., the doctor works with the PCD and others as a team to resolve all of the patient's dental problems. This promotes discussions with the PCD and maybe even a visit or luncheon.
- ☐ It continues with Active Treatment Communications:
  - ☺ The clinical team sends a 6-month Review Report to update the PCD on the patient's treatment.
  - ☺ The receptionist calls the PCD's receptionist to make an appointment for a routine cleaning, etc., while the patient is at the 6-month review visit.

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- ☺ The dates of your patient's PCD cleaning, etc., visits are noted on your Tx Chart so that you are aware of their last cleaning and so that you can refer them to the PCD if their last cleaning was more than six months ago.
- ☺ For problems during active treatment:
  - ☺ The doctor calls or sends the PCD a letter if there are any serious problems with the patient's treatment that he should know about.
  - ☺ The doctor contacts the PCD when anything happens that may reflect on the relationship between the PCD, patient and orthodontist.
- ☐ It ends with Retention Treatment Communications:
  - ☺ The doctor initiates an End of Active Tx Notification/Tx-Request to the PCD, indicating the results of active treatment, whether anything is required of the PCD (cosmetic bonding, crowns, cleaning, etc.). And if so, the receptionist calls PCD's receptionist to make those appointments for the patient.
  - ☺ The PCD is sent a "Before/After" album of the finished patient for the PCD to give it to the patient. Or, the PCD is sent a before/after combined photo of the patient for his/her files.
  - ☺ The PCD is sent an "End of Retention Tx Notification" indicating the results of retention treatment and the relationship you will have with the patient from then on.
  - ☺ The patient is referred back to the PCD for any required treatment and the receptionist calls the PCD's office and makes an appointment while the patient is still in the office.

## **Get to Know the Dentist Better, Personally**

- ☐ Not all orthodontists are able to meet fellow dentists and strike up a relationship with them. But, if you are the kind of person who enjoys your peers, it is a great way to enjoy people outside of your practice and get referrals as a bonus.
- ☐ The best referring dentist is always a friend of yours. The reason he refers a lot of patients to you is because he feels comfortable with you and your service; thus, encourage the friendship of the PCD if at all possible. If you can't be friends, at least be in relationship and remove any issues between you when they erupt.
- ☐ Friends do not have to see each other all the time, all they have to do is thoroughly enjoy each other's company when they do meet. Friends also have the attitude mentioned above.
- ☐ If naturally suited, or if you like meeting with referring dentists:
  - ☺ Make yourself visible by taking dentists to lunch or meet them in their practices.
  - ☺ Lunches are better than dinner meetings, which cut into their and your family time, but dinners are acceptable when they involve your spouses.
  - ☺ Do this for a different dentist at least once a month, if not preferably once a week.
  - ☺ Use difficult or problem cases as a reason for the luncheon or meeting.
  - ☺ Use the "PCD Referral Preference System" as a reason for the meeting (see below).
  - ☺ The main reason to meet the PCD is to discuss ways that your practice can help their patients maintain proper oral health through periodic cleanings and examination at their dentist.
  - ☺ In general, each meeting with a dentist should be an up experience for both of you.
  - ☺ Use your socializer personality style and keep the meeting positive.

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- ☺ When the PCD gets into a negative discussion, turn it around and try to see the better side of it, or get onto another subject that the dentist likes to talk about (family, hobbies, personal sports, etc.).
- ☺ Never talk about any of your problems, and try to avoid a discussion of theirs, unless forced to listen, in which case make your comments positive and uplifting.
- ☺ Take any positive opportunity to interact with that dentist and support what they support:
  - ☺ Clubs (Rotary, country, special interest, etc.)
  - ☺ CO-Sponsor/Coach Teams (Sports, etc.)
  - ☺ Non-Controversial Dental-Political Committees/Projects.
- ☐ Have your team take every positive opportunity to interact with that dentist and their team with:
  - ☺ daily phone calls to their practice about treatment for their patients.
  - ☺ monthly luncheons for the PCD and his or her team along with you and your team.

## **Your Team Must Know the Dentist's Team, Personally**

- ☐ Have your team get to know the other dental practice teams.
  - ☺ Have your team and theirs call each other on a day-to-day basis for patient scheduling, using their first names.
  - ☺ When you call a practice, always use the first name of that person after announcing your name and your practice's name.
  - ☺ If you are in the same building or complex as a referring dentist, have your team deliver your weekly communications to their office personally and chit-chat a minute or two with the dental team members, as long as it doesn't interfere with their work.
  - ☺ Encourage your team to join and attend local dental auxiliary functions and sit with the other dentist's team. Tell them to always be positive in what they say and never bring up negative comments about anything. Have your team compliment the other person's work and service.
  - ☺ Have Monthly Luncheons for the Dental teams:
  - ☺ Keep an alphabetical listing of the dental practices and their team positions and names on the PCD Referral Preference forms.
- ☐ Invite the dentist's team to your office for a buffet luncheon, to get to know each other and to have them learn more about orthodontic treatment and your exceptional services:
  - ☺ Have the doctor personally invite the dentist's team to the office luncheon.
  - ☺ Have one luncheon per month, every month, for a different dentist's team.
  - ☺ Give them a tour of the office, explaining in chronological order how the patient goes through orthodontic treatment in the office.
  - ☺ Have a simple, but tasteful, luncheon of about one hour. Have your team get to know their team and their interests.
  - ☺ Make them feel comfortable and make it a fun time for all.
  - ☺ Take candid photos at the luncheon and make up two small albums. Send one album to them and keep one on hand to refer to at other practices luncheons (they will recognize others in the photos).
  - ☺ Thank them for coming to the luncheon and make plans to see each other again in the near future (for lunch, parties, sports events, dental meetings, etc.)

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- ☺ For practices that you will have luncheons with a second or third time, meet them at a restaurant without the doctors present for a less inhibited, more natural experience.

## PCD Referral Preference System

- ☐ For years the Orthodontic Practice, other specialty dental practices, and the Primary Care Dentist (PCD) have worked together to provide complete dental care for the patient. Legally speaking, the patient is always under the care of the PCD and even though the patient is referred to a registered specialist in dentistry, the PCD is still legally and morally accountable for the patient's overall treatment. Thus, when your treatment plan includes the work of other specialists, it is best to make sure that the PCD's patient is sent to the one he/she prefers.
- ☐ Many an orthodontist has lost a prime referring PCD because the orthodontist referred the patient to a specialist for treatment that the PCD had planned to do himself. The PCD relies on the judgment of the orthodontist to determine what additional treatment must be done during orthodontic treatment. But, if there is no firm understanding of who to refer that treatment to, the patient may end up at the wrong specialist and the PCD may stop sending patients to the orthodontist. The PCD Referral Preference System was designed to avoid this.
- ☐ One of the objectives of the PCD Referral Preference System is to build up trust between the PCD's practice and your practice. The PCD must know that if he refers his patients to you, that they will not only get quality orthodontic treatment, but they will also be referred back to the PCD when required and referred to specific specialists when required.
- ☐ Your PCD Referral Listing:
  - ☺ Make a list of all of the dentists in your area and divide it into the following categories:
    - ☺ Your best referring dentists.
    - ☺ Dentists who refer a few patients.
    - ☺ Your non-referring dentists, especially if you are treating some of their patients.
  - ☺ Next to each name on the list, note how many (in the past two years) of his patients were directly referred the dentist specifically sent the patients to you, or indirectly referred, i.e., the dentist did not tell the patient to go to you.
  - ☺ Concentrate on your best referrers first, then on referrers who send you a few patients and then on NON-referrers. If there is a new PCD in town you want to meet immediately, use the form as a reason for contacting them.
  - ☺ The most important concept you can get across to the PCD is that:
    - ☺ "You want to make sure he gets all the work he wants to do and that whatever he doesn't want to do is referred to the specialist of his choice."
  - ☺ If you have an in-person meeting:
    - ☺ Try to have it in his office so that he can feel safer and so that he can look up data.
    - ☺ Make it a convenient time for the PCD; the end of his treatment day or *his/her* non-patient office work day is best.
    - ☺ Taking the PCD to lunch is acceptable if you make it as a matter of fact and not give him the feeling he is being bought-off.
    - ☺ Just make sure that he never gets the feeling he is being bought-off or that you are asking for patients. The purpose of the program is to set the basis for dealing with your mutual patients.

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- ☺ If you have an over-the-phone discussion (typical if he is a distance away at a satellite office), make sure your cover letter, sent with the preference form gives the right impression (see below).
- ☺ When talking about what he wants referred-out he will either tell you he wants to personally refer them out to a specialist and wants you to send the patient and Rx back to him first or he will give you his preferences to send them to.

## ☐ Obtaining the Referral Preference Data

- ☺ Use the procedure below for obtaining the referral preference data. He should have a photocopy of the front of the form to refer to and not the actual form. He can use the copy as a reference when asking him the questions or he can write on it if he desires. You have to fill out your own form (with any applicable notes) as he tells you the data. Tell him he will receive a copy of the completed form for his files.
- ☺ The Heading Data: Obtain the main doctor's (Dr.) name (or name of REFERRING doctor in group practice), the date the data is obtained (DATE) and the Associates names in descending order of years there. Make any notes about them as necessary.
- ☺ Practice Organizational Data: Note the MAIN Office Data: address, business and private phone numbers, working hours and the most convenient time to contact them.
- ☺ The rest of this data may be a little touchy and he may want to know why you want it. The best overall answer is that the better you understand his practice the better you can help the practice and serve the patients.
  - ☺ The reason for obtaining the Receptionist's name is that you want to know whom to call to set up an appointment to get the patient back to them as soon as possible for their routine cleanings or for reconstructive work.
  - ☺ The reason for knowing the Hygienist's name is to know whom to work with, to keep the Pt's oral hygiene at its best, (you might refer to the program for establishing better contact with the PCD's hygienist to help her better serve your mutual patients.
  - ☺ The reasons for knowing the assistant's or office manager's names are to know whom to contact for numerous reasons as the situations arise.
  - ☺ The BLANK lines are for other people who work there, to be contacted for various reasons.
  - ☺ Basically, you would like to know whom to contact to help the patient's treatment along, without having to bother the PCD for minor things that his great staff can handle. The number of years for each staff member tells you who the key people are who will always be there to work with.
  - ☺ The Dr's. Interests are obtained so that you can send him magazine articles, gifts, etc., or go to functions (sports, theater, etc.) with the PCD.
  - ☺ The wife's and children's names and birthdays (month/Day) are obtained because you enjoy sending them birthday cards. If you already met the PCD's family, make it a point to know the wife's and children's names and have them already filled-in, which makes the PCD feel you care enough about him and his family to remember them. If a female PCD change the word 'Wife's' to 'Husband's Name'.

## ☐ Extraction And Oral Surgery Data

- ☺ This data is obtained in the same manner as with the old forms. Check-off the treatment the PCD does himself and fill in the names of the specialists he wants you to refer to if he doesn't do the work. Make any NOTES necessary for a better understanding.

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- ☺ To make sure you understand how much CONTROL the PCD wants over referrals to other specialists, either CROSS OFF the “Refer ALL Surgical...” OR the “Automatically Refer ...” boxes. If a mixed bag of Automatic and Send-Back Referrals, note on the “☐Self, Refer To Dr.” line to send the patient back to the PCD first.
- ☺ For General Anesthesia, note whether the PCD wants to see the Pt. or whether to just refer them to the surgeon of the PCD's choice.
- ☺ NOTE: If the Pt. wants to go to, or if you want to send the patient to, a specialist who is NOT the preference of the PCD, send the patient back to the PCD for referral to the specialist, if the PCD sends you patients; if the PCD does NOT send you patients, send the patient to whomever you or the patient prefers.
- ☺ Indicate whether the PCD wants duplicates or originals of the X-rays required for the treatment he will do.
- ☺ For Restorations, Perio- & Endo- treatment And Past Referrals Data
  - ☺ The Restorative, Perio and Endo data is self-explanatory.
  - ☺ The “REMOVE:” in the restorations section is there to tell the PCD that you are willing to do it, if he requires it. The PCD will probably never ask, but it is good for him to know that you are willing, if it is needed.
  - ☺ The Past Referral Patterns section is where you note the specialists he has sent to in the past. If the same as above, all is OK; if not, the same as present referral patterns, find out why he doesn't refer to them any more, so that you don't aggravate him by sending his patients to them again.
  - ☺ 'The Following Services...' Data: Note whether they are Willing or Not Willing to accept new patients for these services. They may be phasing-out the services or may be too busy to accept new patients (probably NOT the case, but it makes them feel good to ask).
  - ☺ Check-off the services performed and make any notes required. Fill-in any other services not noted. If you hit a sore point, gloss over it and go to the next one after he finishes telling you why he dislikes it ... agree with him.
- ☐ Other Practice Data
  - ☺ Obtain the data as accurately as possible but don't overdo the accuracy (being within 10% to 20% accuracy is OK).
  - ☺ Fill in the Average # of Orthodontic Referrals per year (add direct and indirect) BEFORE you see them AND ask them how many they refer to you. Discuss the discrepancy, if it will not embarrass them.
  - ☺ Note whether or not they want you to call them before you send them a treatment request, six-month progress report (for their Prophylaxis & Exam) or letter about problems in treatment. Show them a copy of all the forms you will be sending them and explain their use.
- ☐ Finalizing The Meeting With The PCD
  - ☺ Make any notes on the back of the copy of the form required to better understand the relationship.
  - ☺ Give the PCD your Referral Pads, referral cards or Return-Mail Referral forms and show him how to use it.
  - ☺ End on a positive note of better understanding between your practices and better care for the patients because they will get back to the PCD as much as possible and be referred to the best specialist to do the work the PCD doesn't do.



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- ☺ When you get back to your office, give the copy of the form to your T.C. or whomever, and have them type up a 'Primary Care Dentist Referral Preferences' card with the data you collected.

## PCD Referral Preference Form, Cover Letter

To:

Date:

Dear :

I hope all is going well and that you, your family and your dental team are having a happy, prosperous year.

In our continued effort to improve our communication and better treat your patients, I am enclosing this PRIMARY CARE DENTIST REFERRAL PREFERENCE Form.

This form has a great deal of information on it, some of which you may want to give us and some of which you may consider private. In any case, this information is for our purposes and kept private.

The initial data is to help us better know you and your practice's team. It will be helpful when we need to refer new patients or your established patients back to you. We like to know who our referring practice's staff are and we like to send birthday cards to your family.

Our main concern though, is to make sure that all of your patients that are in treatment in our practice are referred back to you for the treatment you prefer to do. Our second concern is that we send your patients to the specialist of your choice instead of just any specialist.

If you want all the patients referred immediately back to you for you to refer out to a specialist, we will be happy to send you an Rx, and have you refer them out.

If you would like us to refer your patient directly to the specialist of your choice, we will send you a copy of the Rx, so that you are aware of every one of your patient referrals.

I will be calling you in a few days to set up a time to talk over the phone so I can obtain the data you wish to give me. If you prefer, I will be happy to meet you at your office at a time convenient to you to obtain the data in person. Or, if you would like to join me for lunch, I will be happy to set up a mutually convenient time. If none of this is convenient for you, please complete the form and mail it back to me in the enclosed self-addressed stamped envelope.

In order to help us identify orthodontic problems at any age, especially where timely interceptive treatment and growth will improve the result of the orthodontic treatment, we will provide your patients with an initial screening, without charge, as a professional courtesy to you.

With Best Regards,

*Dr. Bill Braceman*

Enclosure

**PRIMARY CARE DENTIST  
REFERRAL PREFERENCES:**

Dr. \_\_\_\_\_ Date \_\_\_\_\_ NOTES: \_\_\_\_\_  
Associate: \_\_\_\_\_ For \_\_\_\_\_ Years, \_\_\_\_\_  
Associate: \_\_\_\_\_ For \_\_\_\_\_ Years, \_\_\_\_\_  
Associate: \_\_\_\_\_ For \_\_\_\_\_ Years, \_\_\_\_\_

MAIN Office Address: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Office Hrs: Start \_\_\_\_\_, Lunch \_\_\_\_\_ to \_\_\_\_\_, End \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ Private Phone #: \_\_\_\_\_  
Branch Office Address: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Office Hrs: Start \_\_\_\_\_, Lunch \_\_\_\_\_ to \_\_\_\_\_, End \_\_\_\_\_ Best Time to Call: \_\_\_\_\_ Private Phone #: \_\_\_\_\_  
Receptionist's Name: \_\_\_\_\_ Office MNGR's Name: \_\_\_\_\_, \_\_\_\_\_ years there: \_\_\_\_\_ years there: \_\_\_\_\_  
Hygienist's Name: \_\_\_\_\_, \_\_\_\_\_ years there: \_\_\_\_\_ years there: \_\_\_\_\_  
Assistant's Name: \_\_\_\_\_, \_\_\_\_\_ years there: \_\_\_\_\_ years there: \_\_\_\_\_  
Dr's Interests: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_, Birthdate (Month/Day): \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Children Name (Birthdate): \_\_\_\_\_ ( \_\_\_\_ ) ( \_\_\_\_ ) ( \_\_\_\_ ) ( \_\_\_\_ ) ( \_\_\_\_ ) ( \_\_\_\_ )

**EXTRACTIONS:**

Primary Tooth Ext: ☐ Self, Refer To Dr.: \_\_\_\_\_ ☐ Self, Refer To Dr.: \_\_\_\_\_  
Simple Permanent Ext: ☐ Self, Refer To Dr.: \_\_\_\_\_ ☐ Self, Refer To Dr.: \_\_\_\_\_  
2nd/3rd Molar Ext: ☐ Self, Refer To Dr.: \_\_\_\_\_ ☐ Self, Refer To Dr.: \_\_\_\_\_  
Surgical EXT: ☐ Self, Refer To Dr.: \_\_\_\_\_ ☐ Self, Refer To Dr.: \_\_\_\_\_  
☐ Refer ALL Surgical patients back to PCD for Treatment/Referral  
☐ Automatically Refer to Doctor named Above.  
If Patient Desire GENERAL ANESTHESIA: ☐ Refer to Above, ☐ Refer Back to PCD  
FOR ALL THE TREATMENT THEY WILL DO: ☐ Send a duplicate copy of our X-ray that They May Keep. ☐ Send our Original X-Ray, They Will Return To Us.

**OTHER SURGERY:**

☐ Exposed Impacted Canine ☐ Self, Refer To Dr.: \_\_\_\_\_  
☐ Frenectomy ☐ Self, Refer To Dr.: \_\_\_\_\_  
☐ Fibrotomy ☐ Self, Refer To Dr.: \_\_\_\_\_  
☐ Self, Refer To Dr.: \_\_\_\_\_  
NOTES: \_\_\_\_\_

**RESTORATIONS NEEDED:** ☐ Send Patient Immediately ☐ Wait until Recall visit to Dentist REMOVE: ☐ Nothing, ☐ Archwires, ☐ Bands/Bonds first

**PERIODONTICS NEEDED:** Does Self: \_\_\_\_\_ Refer to Dr. \_\_\_\_\_ for \_\_\_\_\_  
If a PERIODONTIC EVALUATION is Needed: ☐ Send Pt. to them for the Evaluation ☐ Refer Pt. to the Periodontist Noted Above.

**ENDODONTICS NEEDED:** Does Self: \_\_\_\_\_ Refer to Dr. \_\_\_\_\_ for \_\_\_\_\_

**THE FOLLOWING SERVICES ARE ALSO PERFORMED IN THIS PCD's OFFICE:** (They are ☐ Willing, ☐ NOT-Willing to accept NEW patients for these services.)

<input type="checkbox"/> Periodic Cleaning/Exam	<input type="checkbox"/> Porcelain Veneer	<input type="checkbox"/> Maryland Bridges/Splints	NOTES: _____
<input type="checkbox"/> Ultrasonic Scaling	<input type="checkbox"/> Precision Partial	<input type="checkbox"/> T.M.J. Treatment	
<input type="checkbox"/> Fluoride Application	<input type="checkbox"/> Dentures	_____	
<input type="checkbox"/> Sealants	<input type="checkbox"/> Implants	_____	
<input type="checkbox"/> Cosmetic Bonding	<input type="checkbox"/> Nitrous Oxide	_____	
<input type="checkbox"/> Occlusal Equilibration	<input type="checkbox"/> I.V. Sedation	_____	

APPROXIMATE PATIENT AGE MIX: \_\_\_\_\_% ADULT \_\_\_\_\_% YOUNG ADULT \_\_\_\_\_% CHILD  
☐ CALL, ☐ Don't Call, In Addition to Sending a Written Report Concerning their Patient's Orthodontic Treatment.  
Family Dentist Office, ☐ Orthodontic Office, should take ALL Panoramic X-Rays.