HiloDent
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414 S. Prospectors Rd. Suite B Diamond Bar, CA 91765
(909) 276-4404 Office, (909) 354-3156 Fax

Referral Form

Please fill out this referral form and submit to our office via email or fax. Please call if you have any questions!

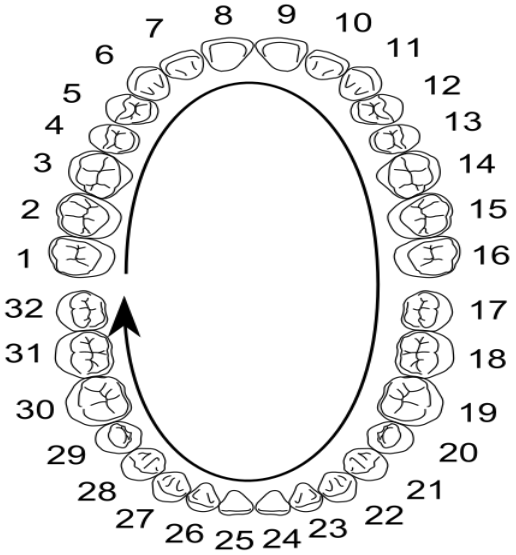
Patient Name: _____ **DOB** _____ **Date:** _____

Patient Telephone #: _____

Referring Dentist/Office: _____

Referring Dentist/Office Phone #: _____

Urgency Level (circle one): **1 (Non-Urgent)**
2 (Early Dental Care Recommended)
3 (Dental Care Needed)
4 (Urgent)



Reason for Referral (check all that apply):

- ❑**General Dentistry**
- ❑**General Anesthesia/IV Sedation**
- ❑**Comprehensive Care**
- ❑**Patient is developmentally disabled**
- ❑**Other:**_____

Please circle tooth in question (if applicable)

I would like for you to:

_____

_____

_____

Dentist:_____ Signature:_____