



**SPECIAL CARE
DENTISTRY**
— OF OREGON —

1070 24th Ave SW
Albany, OR 97321

Phone: 541.926.3689

Fax: 541.928.6088

Brian Summers, DMD, PhD

referral@specialcareoregon.com

PATIENT INFORMATION

Date: _____ Date of Birth: _____

Patient Name: _____

Phone: _____

Referred By: _____

Appt Date: _____ Appt Time: _____

REASON FOR CONSULTATION

MOST RECENT RADIOGRAPHS

Date: _____

Type of X-rays: _____

Emailed

Sent with Patient

AREAS OF CONCERN

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Dental Office: Please email or fax a copy of this referral slip to our office. **Thank You!**

Map on Reverse side.

