



# Dentist Referral to Medical Provider

**Completed by Dentist Only**

**Instructions:**

1. Complete this section
2. Make a copy for your records
3. Send copy to medical provider's office
4. Ask parent/guardian to take this form to a child's medical appointment.
5. Upon completing your section Fax or Email referral to:  
**Fax: (813) 865-6759 or Email: NJDentalServices@fideliscarenj.com**

Referral Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_ Member ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Provider NPI: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State & ZIP code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Medical Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State & ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dental Treatment completed today:

- |                                       |                                      |  |                                      |
|---------------------------------------|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Oral hygiene | <input type="checkbox"/> Cleaning    | <input type="checkbox"/> Restorative tx                    | <input type="checkbox"/> Exam/X-rays |
| <input type="checkbox"/> Sealants     | <input type="checkbox"/> Fluoride Rx | <input type="checkbox"/> Fluoride Varnish/Topical Fluoride |                                      |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

tx completed     Additional tx needed    Approx. # of units needed \_\_\_\_\_

*(continued on back)*



# Medical Report to Dentist

**Completed by Medical Provider Only**

Medical Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

## Instructions:

1. Complete this section
2. Make a copy for your records
3. Upon completing your section Fax or Email referral to:  
Fax: (813) 865-6759 or Email: [NJDentalServices@fideliscarenj.com](mailto:NJDentalServices@fideliscarenj.com)

Suspected Problem: \_\_\_\_\_

Medical contraindications or recommendations:  No  Yes

Explain: \_\_\_\_\_

**ALERT:** Please list if any of the following is applicable.

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Oral healthcare given by this provider:

Fluoride Rx  Recommended drinking fluoridated water

Fluoride Varnish  Recommended brushing with fluoridated toothpaste