



Today's date

NEW PATIENT REFERRAL SHEET

A. IDENTIFYING INFORMATION

Name

Address

Age

Date of birth

Email

Sex ☐ male ☐ female

Phone Number

Referred by

☐ Heart Murmur

☐ Artificial Pacemaker

☐ Mitral Valve Prolapse

Any cardiac conditions that requires antibiotic prophylactic regimen?

B. INSURANCE INFORMATION

Primary insurance

DOB of person insured

Name of insured

Relationship to patient

ID #

Address of ins. co.

Group #

Secondary insurance

DOB of person insured

Name of insured

Relationship to patient

ID #

Address of ins. co.

Group #

C. REVIEW OF SYMPTOMS

Have you recently had any of the following?

☐ Bleeding gums

☐ Pain upon chewing

☐ Crowding of teeth

☐ Mouth sores

☐ Bad breath

☐ Sensivity to cold
or hot

☐ Sleep apnea

☐ Headaches

☐ Clicking or popping
jaw

☐ Sensivity to sweet
Yellow &
discolored teeth

☐ Snore at night

☐ Nausea

☐ Food collection

☐ Loose teeth or
broken filling

☐ Trouble falling
asleep at night

☐ Gastric upset

☐ between the teeth

☐ Painful gums
Dry mouth

☐ Oral side effects
from medication

☐ Grinding teeth

Patient Signature

(If younger than 18, Parent/ Guardian signature required)

Date



NEW PATIENT REFERRAL SHEET

D. DENTAL HISTORY

Do you have any amalgam (metal) fillings? If yes, how many?

Have you had any amalgam fillings in the past and had them removed? When?

Do you have any root canal? If yes, how many? How old?

Have you had any gold crowns or fillings? If yes, how many?

Have you had periodontal treatment?

Have you had oral cancer screening?

Have often do you brush your teeth?

Have often do you floss?

E. DOCTOR'S RECOMENDATION

Your oral health is more important that you might realize. The health of your mouth, teeth and gums can affect your general health.

F. TO RESCHEDULE YOUR APPOINTMENT, PLEASE CALL US

Kevin Ortale DDS

702 E. Bell Road, Suite #114, Phoenix, AZ 85022

Office: 602-404-0330

Fax: 602-404-0312

kevinortaledds.com

Your health starts with your mouth.

Patient Signature
(If younger than 18, Parent/ Guardian signature required)

Date