

# ORAL AND MAXILLOFACIAL SURGERY REFERRAL FORM

## ADVANCED DENTAL



**ADVANCED DENTAL  
GREENPOINT**

Phone: (718) 874-0104  
851 Manhattan Ave,  
Brooklyn, NY 11222

**ADVANCED DENTAL  
BRONX**

Phone: (718) 292-8988  
237 Willis Ave,  
Bronx, NY 10454

**ADVANCED DENTAL  
WESTCHESTER**

SCARSDALE  
Phone: (914) 874-5757  
130 Garth Road,  
Scarsdale, NY 10583

**ADVANCED DENTAL  
MANHATTAN (ORTHO)**

Phone: (212) 427-2237  
231 E 106th St,  
New York, NY 10029

**ADVANCED DENTAL  
QUEENS**

Phone: (718) 354-8942  
81-14 Baxter Ave,  
Elmhurst, NY 11373

**Most Insurances & Unions accepted as  
full or partial payment.**

**PLEASE DO NOT EAT OR DRINK  
(INCLUDING WATER) FOR FOUR (6) HOURS  
PRIOR TO THE SURGERY.**

**(718) 292-8988**

[www.advancedbronzdental.com](http://www.advancedbronzdental.com)

[www.lohuddental.com](http://www.lohuddental.com)

[www.greenpointdental.com](http://www.greenpointdental.com)

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient Name: \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Patient Insurance: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Ref. Doctor Name: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

**REFERRAL DUE TO:**

\_\_\_\_\_

\_\_\_\_\_

Needed																	Needed
Existing																	Existing
<b>R</b>	1	2	3	A/4	B/5	C/6	D/7	E/8	F/9	G/10	H/11	I/12	J/13	14	15	16	<b>L</b>
	32	31	30	T/29	S/28	R/27	Q/26	P/25	O/24	N/23	M/22	L21	K/20	19	18	17	
Existing																	Existing
Needed																	Needed

MEDICAID, HEALTHPLEX, METROPLUS, AFFINITY, HEALTHFIRST, WELLCARE, HIP, AMERIGROUP, FIDELIS, MHI, UNITED HEALTHCARE COMMUNITY PLAN, ACCESS MEDICARE, LOCALS, ALL PPO PLANS (CIGNA, UFT, AETNA, METLIFE, GUARDIAN, GHI, DELTA, BCBS, 1199, UNITED HEALTH CARE PPO, DC37, LOCAL 237, 1500, POMCO, DANIEL COOK, MALONEY, 1181, 1180, DDS, LOCAL 731, LOCAL 94 32BJ/SIDS, SELEDENT, AMALGAMATED LIFE, LOCAL 456, LOCAL 371 & OTHERS

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