

# ORAL AND MAXILLOFACIAL SURGERY REFERRAL FORM



**ADVANCED DENTAL**  
**(718) 292-8988**

**BRONX:** (718) 292-8988  
237 Willis Avenue, Bronx, NY 10454  
Fax: (917) 792-7979

**WESTCHESTER:** (914) 874-5757  
130 Garth Road, Scarsdale, NY 10583

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

**PLEASE DO NOT EAT OR DRINK (INCLUDING WATER) FOR FOUR (4) HOURS PRIOR TO THE SURGERY.**

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