

ORTHODONTICS

REFERRAL FORM ADVANCED DENTAL



ADVANCED DENTAL GREENPOINT
 Phone: (718) 874-0104
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Most Insurances & Unions accepted as full or partial payment.

www.advancedbronzdental.com
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www.greenpointdental.com

(718) 292-8988

Date: _____ / _____ / _____

Patient Name: _____ D.O.B _____ / _____ / _____

Patient Insurance: _____ Patient ID: _____

Ref. Doctor Name: _____ Doctor Phone: _____

REFERRAL DUE TO:

- | | |
|------------------------|-------------------------|
| Interceptive treatment | Cross bite |
| Deep bite/open bite | Other |
| Second opinion | Overjet/reverse overjet |
| Crowding/spacing | Missing/malformed teeth |

Needed

Needed

Existing

Existing

R 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

 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

L

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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