

The Health Center Referral Form

P.O Box 320, Plainfield VT 05667
Phone: (802) 322-0716 Fax: (802) 322-0714
Email: Oral.Surgery@the-health-center.org

(PLEASE EMAIL REFERRAL, MEDICAL HISTORY AND X-RAYS, HAVE PATIENT CALL TO SCHEDULE)

Oral Surgeon- Dr. Clark Andelin, DMD, MD

In Office Moderate IV Sedation (oral surgery and restorative)- Dr. Andrew LePine, DDS

OR Hospital Dentistry- Dr. Crista Fantone, DMD, Dr. Andrew LePine, DDS, & Dr. Conor Peterson, DDS

Referring Dentist

Referring Office: _____ Date: _____

Telephone: _____ Fax: _____

Patient Information

Name: _____ DOB: _____ Sex: F M

Telephone: _____ Address: _____

Insurance Info: _____ ID#: _____

If Minor, Guardian Name: _____

PERMANENT

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

RIGHT

LEFT

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

DECIDUOUS

A B C D E F G H I J

T S R Q P O N M L K

SURGICAL/OPERATIVE REQUEST: _____

REMARKS: _____

☐ X-Ray Enclosed

Date Taken: _____

☐ X-Ray To Be Taken

☐ IV Sedation Requested

☐ Local Anesthesia Requested

*****PLEASE CALL 802-322-0716 TO SCHEDULE YOUR APPOINTMENT*****