ToothHQ™
Dental Specialists
The Smile Headquarters

Periodontics | Dental Implants | Oral Surgery
www.MyToothHQ.com
smile@mytoothhq.com
Call or Text 214.731.0123

Specialist Consultation and Specialty Treatment Referral Form

Patient's Name: _____

Contact (If patient is a minor): _____

Patient's Cell #: _____

Patient's Email: _____

Courtesy of Dr: _____

Office Name: _____

Ref Dr Phone #: _____

Date of Ref: _____

MOCKINGBIRD/SMU | CARROLLTON | GRAPEVINE | CEDAR HILL

SIX simple ways to refer:

1) CALL 214.731.0123
2) FAX form to 214.731.1122
3) EMAIL form to smile@mytoothhq.com (Picture or Scan)
4) TEXT picture of the form to 214.731.0123
5) WEBSITE submission of referral form
6) SCAN QR for instant form upload

- ☐ **FREE CONSULTATION** (New & Mutual Pt)
- ☐ **FREE CAT SCAN** (New & Mutual Pt)
- ☐ Dental Implant / All-on-X
- ☐ Wisdom Teeth Removal
- ☐ Extraction +/- Bone Graft
- ☐ Sinus Lift / Ridge Augmentation
- ☐ PRP / PRF (Bone Grafting) Treatment
- ☐ Incision & Drainage / Abscess
- ☐ Alveoloplasty / Tori Removal
- ☐ Soft or Hard Tissue Biopsy
- ☐ TMJ Disorder Evaluation
- ☐ Sleep Apnea Evaluation
- ☐ Periodontal Disease Evaluation
- ☐ Osseous / Pocket Reduction Surgery
- ☐ LASER - LANAP - LAPIP
- ☐ Gum Recession Evaluation / Grafting
- ☐ Crown Lengthening (+/- Esthetic Eval)
- ☐ Gingivectomy / Gingivoplasty
- ☐ Frenectomy
- ☐ Splinting (Periodontal)
- ☐ Exposure +/- Bond for Orthodontics
- ☐ Orthodontic Screw / Mini Implant
- ☐ IV / Oral / Nitrous Sedation
- ☐ Emergency Evaluation / Treatment

ToothHQ™ Dental Specialists
SCAN ME
To Upload Form

REASON FOR REFERRAL (CHECK ALL THAT APPLY & MARK TEETH / AREAS)

UR Area								UL Area							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
LR Area								LL Area							

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Referring Doctor's comments and / or relevant periodontal & restorative treatment history: _____

Appointment Instructions: ☐ Our team already called ToothHQ and made the appointment for our mutual patient

Our proven 3-steps communication process for a successful outcome

1. Your office sends this referral form
2. We call your patient to schedule for a NO OBLIGATION FREE visit with us
3. We will keep you updated of your patient's progress