Advocate Dental Center
811 W. Wellington Ave.
Chicago, IL 60657
Phone: (773) 871-2188 – Clorest Holmes
Fax: (773) 871-6353
Email: Clorest.Holmes@advocatehealth.com

DENTAL ANESTHESIOLOGY REFERRAL FORM

Referring Practice/Dentist:	
Contact Name:	
Contact phone number:	
Contact Email:	

PATIENT DETAILS		
Patient Name:		
Parent/Guardian Name:		
Phone Number:	Home:	Cell:
Patient Diagnosis (es):		
Reason for Referral:		
Insurance:		

Pertinent medical/dental history:
Current x-ray status:

*If current x-rays are available, please e-mail to clorest.holmes@advocatehealth.com

Any other relevant information:

Please complete and e-mail to Clorest Holmes

FOR OFFICE USE ONLY:

Resident: _____

Technician: _____