

Dental Referral Letter

[Your Name]

[Your Title/Position]

[Your Dental Practice Name]

[Address]

[City, State, ZIP Code]

[Phone Number]

[Email Address]

[Date]

[Referring Dentist's Name]

[Referring Dental Practice Name]

[Address]

[City, State, ZIP Code]

Dear Dr. [Referring Dentist's Last Name],

I hope this letter finds you well. I am writing to formally refer one of my valued patients for specialized dental care. After careful evaluation and consideration, it has been determined that the expertise of your practice is best suited to address their specific dental needs.

Patient Information:

Patient's Full Name: [Patient's Full Name]

Date of Birth: [Patient's Date of Birth]

Patient's Contact Number: [Patient's Phone Number]

Relevant Medical History: [Briefly mention any relevant medical history or conditions]

Dental Concern/Diagnosis:

Brief description of the dental issue or diagnosis that requires specialized care.

Recommended Treatment/Procedure:

Outline the recommended treatment, procedure, or specialty care that you believe would be most

appropriate for the patient's needs.

Reason for Referral:

Explain why you are referring the patient to this particular specialist, highlighting their expertise and experience in handling similar cases.

Patient's Current Oral Health Status:

Briefly describe the patient's current oral health status, including any recent X-rays or diagnostic results that you are providing along with this referral letter.

I trust that your expertise and dedication to patient care will provide the best possible outcome for [Patient's Full Name]. I kindly request that you keep me informed of the progress and treatment plan for this patient, as well as any updates regarding their future dental care.

Please feel free to reach out to me with any questions or if you require further information. I am committed to collaborating closely with you to ensure the continuity of the patient's care.

Thank you for your attention to this referral, and I look forward to your expert management of [Patient's Full Name]'s dental health.

Sincerely,

[Your Handwritten Signature]

[Your Typed Name]

[Your Title/Position]

[Your Dental Practice Name]

[Phone Number]

[Email Address]

Enclosure: [List any enclosed documents, such as X-rays, diagnostic reports, etc.]