

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

## DENTAL ANESTHESIOLOGY REFERRAL FORM

<b>Referring Practice/Dentist:</b>	
Contact Name:	
Contact phone number:	
Contact Email:	

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

<b>Pertinent medical/dental history:</b>
Current x-ray status:

\*If current x-rays are available, please e-mail to [clorest.holmes@advocatehealth.com](mailto:clorest.holmes@advocatehealth.com)

<b>Any other relevant information:</b>

Please complete and e-mail to Clorest Holmes

### FOR OFFICE USE ONLY:

Resident: \_\_\_\_\_  
Technician: \_\_\_\_\_