



Click the save button above to save this form with your completed information.



SERVING DENTAL PRACTITIONERS ACROSS OUR COUNTY
240 A Twin Dolphin Drive · Redwood City · CA · 94065
650-637-1121 · fax 650-637-1166 · info@smcds.com

PATIENT REFERRAL PREFERENCES

Member Name _____	Date _____
Specialty _____	Phone _____
Office Address* _____	Fax _____
<input type="checkbox"/> Primary _____	Email _____
<input type="checkbox"/> Second _____	

*Please complete one sheet per office if you have more than one location.

Please *do not* refer patients to me. Please refer patients to me as indicated below:

Days / Hours Please check the days you are in this office and write in available times

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
 Saturday _____ Sunday _____ Evening Appointments

Foreign Language/s Spoken

<input type="checkbox"/> Arabic	<input type="checkbox"/> Farsi	<input type="checkbox"/> Hindi	<input type="checkbox"/> Latvian	<input type="checkbox"/> Russian	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Armenian	<input type="checkbox"/> French	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Lithuanian	<input type="checkbox"/> Sign Lang.	<input type="checkbox"/> Thai
<input type="checkbox"/> Chinese	<input type="checkbox"/> German	<input type="checkbox"/> Italian	<input type="checkbox"/> Persian	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Danish	<input type="checkbox"/> Greek	<input type="checkbox"/> Japanese	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Swedish	<input type="checkbox"/> Yiddish
<input type="checkbox"/> Dutch	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Korean	<input type="checkbox"/> Punjabi	<input type="checkbox"/> Tagalog	<input type="checkbox"/> Other _____

Services Provided

<input type="checkbox"/> Air Abrasions	<input type="checkbox"/> Halitosis	<input type="checkbox"/> Medically Compromised
<input type="checkbox"/> Alzheimer's Patient	<input type="checkbox"/> Headphones	<input type="checkbox"/> Mental Handicap
<input type="checkbox"/> Anti-Snoring	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Nursing Homes
<input type="checkbox"/> Bleaching/Whitening	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Onsite Lab
<input type="checkbox"/> Bonding	<input type="checkbox"/> Holistics	<input type="checkbox"/> Oral Surgery
<input type="checkbox"/> Children Under 5	<input type="checkbox"/> Homebound	<input type="checkbox"/> Orthodontics
<input type="checkbox"/> Children 5-10	<input type="checkbox"/> Hospital Privileges	<input type="checkbox"/> Phobias
<input type="checkbox"/> Cleft Palate	<input type="checkbox"/> House Calls	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Computer Imaging	<input type="checkbox"/> Hygienist	<input type="checkbox"/> Porcelain Veneers
<input type="checkbox"/> Cosmetics	<input type="checkbox"/> Implant Placement	<input type="checkbox"/> Portable Equipment
<input type="checkbox"/> Dentures	<input type="checkbox"/> Implant Restoration	<input type="checkbox"/> Root Canal
<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Intra-Oral Camera	<input type="checkbox"/> Sealants
<input type="checkbox"/> Digital Radiography	<input type="checkbox"/> Invisalign	<input type="checkbox"/> TMJ
<input type="checkbox"/> Emergencies	<input type="checkbox"/> Laser Bleaching	<input type="checkbox"/> Ultrasonic Cleaning
<input type="checkbox"/> Extractions	<input type="checkbox"/> Laser Restoration	<input type="checkbox"/> Wheelchair Access
<input type="checkbox"/> Forensics	<input type="checkbox"/> Laser Surgery	<input type="checkbox"/> Other _____
<input type="checkbox"/> Geriatrics	<input type="checkbox"/> Latex-Free Office	

Anesthesia Used

<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Electrical Anes.	<input type="checkbox"/> Hypnosis	<input type="checkbox"/> Local
<input type="checkbox"/> Conscious Sedation	<input type="checkbox"/> General Anes.	<input type="checkbox"/> IV Sedation	<input type="checkbox"/> Nitrous Oxide

Financial Aid

<input type="checkbox"/> Denti-Cal	
<input type="checkbox"/> Finance Plans	<input type="checkbox"/> Senior Citizen Discounts
<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Healthy Kids