UNC HOSPITALS

UNC Hospitals Dental Clinic
101 Manning Drive, Chapel Hill, NC 27514
Local: (984) 974-1485 Fax (984) 974-0355

Thank you for your interest in referring your patient to the UNC Hospitals Dental Clinic. Our mission is to serve the medically compromised patient. To ensure that your patient meets the medical conditions to be treated in the clinic, we need for you to complete the following information and fax to **(984) 974-0355.** We will review your referral and decide how to best appoint your patient for their oral health care in our UNC Hospitals Dental Clinic.

If you have any questions about our clinic's referral policy, please call our office at (984) 974-1485
Our clinic appreciates the opportunity to serve you and your patients. Thank you for the referral.

PATIENT DEMOGRAPHIC INFORMATION

First Name:	Last Name:	
Middle:	Date of Birth:	
Street Address:		
City:	State:	Zip Code:
Preferred Phone #:	Alternate Phone #:	

REASON FOR THE REFERRAL

The UNC Hospital Dental Clinic is a specialty clinic that provides dental services to the medically compromised patient. The clinic provides services to patients with the following medical conditions:

Please indicate the patient's medical condition:
- ☐ Hematologic /Coagulation Disorders
- ☐ Head and Neck Cancer/Radiation Therapy Patients
- ☐ IV Bisphosphonate (Evaluate Prior to (and/or) following treatment)
- ☐ Transplantation (Stem Cell Transplant or Organ Transplant)
- ☐ Cardiothoracic Surgery Patient (Endocarditis, Cardiac valve replacement surgery)
- ☐ Orthopedic Patient (Pre-Total joint replacement therapy to reduce risk of surgical site infection)
- ☐ Intellectual/Developmental Disabilities (Autism, Dementia, Down Syndrome)
- ☐ Immunodeficiency/Autoimmune Disorders (Risk for dental care without medical/dental collaboration)
- ☐ Respiratory Conditions (Cystic Fibrosis, airway compromise, and ventilator or severe oxygen dependency for medical necessary dental care)
- ☐ Trauma Patients (Traumatic injury to teeth and structures of the oral cavity)

If your patient does not meet the above UNC Hospital Dental Clinic criteria the patient should be referred to other dental facilities for their dental needs.

RADIOGRAPHS: ☐To be taken ☐Enclosed ☐Emailed – please send to unchdent@unch.unc.edu

MEDICAL RECORDS: ☐Enclosed **DENTAL RECORDS**: ☐Enclosed

ALLERGIES:_____

DENTAL INSURANCE INFORMATION

Name of Insurance Company	Insurance Co. phone #:
Policy ID #	
Patient is policy holder? ☐YES ☐NO If no, Name of Policy Holder:	

REFERRING PROVIDER INFORMATION

Referring Doctor Name:		Additional Office Contact Name:
Phone #	Fax #:	