



LOMA LINDA
UNIVERSITY

School of Dentistry

MEDI-CAL ACCEPTED

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Loma Linda University School of Dentistry
Department of Dental Anesthesiology
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Interdepartmental Referral Form

<p style="text-align: center;"><u>Referring Department</u></p> <p>Student/Resident Name: _____</p> <p>Supervising Faculty Name: _____</p> <p><input type="checkbox"/> Dental Student/Main Clinic <input type="checkbox"/> Grad Endo <input type="checkbox"/> Peds <input type="checkbox"/> OSR <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;"><u>Patient Information</u></p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Patient Account: _____</p>
<p style="text-align: center;"><u>Reason for Referral</u> (Please check all that apply)</p> <p><input type="checkbox"/> Uncooperative patient <input type="checkbox"/> Developmental disability/delay/special needs <input type="checkbox"/> Extensive treatment needed <input type="checkbox"/> Fear/anxiety <input type="checkbox"/> Local anesthesia ineffective <input type="checkbox"/> Other (please explain) _____ _____ _____</p>	<p style="text-align: center;"><u>Approval Signatures</u></p> <p>_____ Student/Resident Signature Date _____</p> <p>_____ Supervising Faculty and/or Referring Dentist Signature Date _____</p>
<p style="text-align: center;"><u>Reminders</u></p> <p><input type="checkbox"/> Please remember to document in the Axiom progress notes about the need and reason for this referral.</p> <p><input type="checkbox"/> Please contact our department to ensure that this referral was received and that we are under the same understanding with your department as to the next step to be followed with this patient.</p>	<p>Please note that Pre-Operative Instructions as well as other information for the patient can be accessed on our website at:</p> <p style="text-align: center;">www.dentistry.llu.edu/scd</p>