ORTHODONTICS
REFERRAL FORM

ADVANCED DENTAL
(718) 292-8988
www.advancedbronxdental.com
www.lohuddental.com

Most Insurances & Unions accepted as full or partial payment.

☐ BRONX: (718) 292-8988
237 Willis Avenue, Bronx, NY 10454
Fax: (917) 792-7979

☐ WESTCHESTER: (914) 874-5757
130 Garth Road, Scarsdale, NY 10583

☐ MANHATTAN: (212) 4BRACES, (212) 427-2237
231 E 106th St, New York, NY 10029

WWW.DENTALARTSPRESS.COM

Date: _____/_____/________

Patient Name: ____ D.O.B _____/_____/________

Patient Insurance: ________________________________ Patient ID: ____________________

Ref. Doctor Name: ________________________________ Doctor Phone: ________________

REFERRAL DUE TO:

- ☐ Interceptive treatment
- ☐ Deep bite/open bite
- ☐ Second opinion
- ☐ Crowding/spacing
- ☐ Cross bite
- ☐ Other
- ☐ Overjet/reverse overjet
- ☐ Missing/malformed teeth

Needed																	Needed
Existing																	Existing
R	1	2	3	A/4	B/5	C/6	D/7	E/8	F/9	G/10	H/11	I/12	J/13	14	15	16	L
	32	31	30	T/29	S/28	R/27	Q/26	P/25	O/24	N/23	M/22	L21	K/20	19	18	17	
Existing																	Existing
Needed																	Needed

MEDICAID, HEALTHPLEX, METROPLUS, AFFINITY, HEALTHFIRST, WELLCARE, HIP, AMERIGROUP, FIDELIS, MHI, UNITED HEALTHCARE COMMUNITY PLAN, ACCESS MEDICARE, LOCALS, ALL PPO PLANS (CIGNA, UFT, AETNA, METLIFE, GUARDIAN, GHI, DELTA, BCBS, 1199, UNITED HEALTH CARE PPO, DC37, LOCAL 237, 1500, POMCO, DANIEL COOK, MALONEY,1181. 1180, DDS, LOCAL 731, LOCAL 94 32BJ/SIDS, SELEDENT, AMALGAMATED LIFE , LOCAL 456, LOCAL 371 & OTHERS