

ORAL AND MAXILLOFACIAL SURGERY REFERRAL FORM

ADVANCED DENTAL



**ADVANCED DENTAL
GREENPOINT**

Phone: (718) 874-0104
851 Manhattan Ave,
Brooklyn, NY 11222

**ADVANCED DENTAL
BRONX**

Phone: (718) 292-8988
237 Willis Ave,
Bronx, NY 10454

**ADVANCED DENTAL
WESTCHESTER**

SCARSDALE
Phone: (914) 874-5757
130 Garth Road,
Scarsdale, NY 10583

**ADVANCED DENTAL
MANHATTAN (ORTHO)**

Phone: (212) 427-2237
231 E 106th St,
New York, NY 10029

**ADVANCED DENTAL
QUEENS**

Phone: (718) 354-8942
81-14 Baxter Ave,
Elmhurst, NY 11373

**Most Insurances & Unions accepted as
full or partial payment.**

**PLEASE DO NOT EAT OR DRINK
(INCLUDING WATER) FOR FOUR (6) HOURS
PRIOR TO THE SURGERY.**

(718) 292-8988

www.advancedbronzdental.com

www.lohuddental.com

www.greenpointdental.com

Date: _____/_____/_____

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

Patient Insurance: _____ Patient ID: _____

Ref. Doctor Name: _____ Doctor Phone: _____

REFERRAL DUE TO:

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

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