

**ECU SCHOOL OF DENTAL MEDICINE**

Ledyard E. Ross Hall  
1851 MacGregor Downs Road, MS 701  
Greenville NC 27834  
Faculty Practice - 252-737-7122  
Clinic FAX - 252-737-0221

FOR OFFICE USE ONLY

Referral: \_\_\_\_\_ - \_\_\_\_\_  
Org Code Number

**Patients:** Please call in advance to schedule your appointment.

Thank you for being flexible as we work you in for care.

**PATIENT REFERRAL**

*Patient referrals are encouraged from providers who have established relationships with the School of Dental Medicine (SoDM) in order to match necessary urgent patient needs with SoDM student educational requirements.*

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

(Please designate whether this is the patient's phone number or the number of someone who can contact them)

Requested Treatment:

Evaluation     Pain     Swelling     Other

Treatment Limited to

<input type="checkbox"/> Extraction(s):	R	1	2	3		4	5	6	7	8	9	10	11		12	13	14	15	16		17	18	19	20	21	22	23	24	25	26	27	28	29	L	
		32	31	30																															

Other: \_\_\_\_\_

Radiographs:     Enclosed     Have been given to patient     Transferred electronically     Not Available

Medical History Alerts: \_\_\_\_\_

Comments/Special Instructions: \_\_\_\_\_

*Patients referred for urgent care will be provided post-operative care for treatment rendered at the SoDM. They will return to their regular provider for further dental care.*

Referring Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_