

University of Maryland School of Dentistry

ASE Prosthodontic / Implant Referral

Please return this *form and a written referral* from your dentist to the Patient Care Coordinator (PCC)
650 W. Baltimore St. Room #4319 Baltimore, MD 21201 Phone: 410-706-8111
Email: PGReferrals@UMaryland.edu

Dear Doctor, Parent and Patient:

Please complete this form in full and return to the Patient Care Coordinator (PCC), at the address above including:

- a copy of the front & back of your insurance card and
- COPIES of all pertinent x-ray from the dentist (x-rays cannot be returned to you)**

All requested information and documentation must be submitted to your insurance company by UMSOD for pre-authorization of treatment **PRIOR** to the start of treatment. **INCOMPLETE REFERRAL PACKETS CANNOT BE PROCESSED** and will be returned to the sender. We appreciate your attention to these directions. Thank you.

Patient Name _____ Male _____ Female _____

Patient Address _____ Zip _____

Ethnicity _____ Race _____

Best Daytime Phone _____ Best Email for Patient _____

Patient SS# _____ Patient Date of Birth _____

Patient Insurance _____

Name of Parent / Guardian if Patient is a Minor _____ Relation to Patient _____

Parent/Guardian SS# _____ Parent / Guardian Date of Birth _____

Best Daytime Phone _____ Best Email for Patient _____

Referring Dentist _____ Phone _____

Referring Dentist's Address _____ Zip _____

***The University of Maryland ASE Clinic Does Not Accept Any HMO Dental Insurance
Prosthodontic/Implant Assessment by Referring Dentist – Please complete below in ADDITION to a written referral***

Diagnosis, Symptoms and Reason for Referral _____

Date of Most Recent Hygiene Maintenance _____ Date of Most Recent BW X-Rays _____

Date of Most Recent Full Series of X-Rays _____ Date of Most Recent Panoramic X-Ray _____

****If implant placement, will the referring dentist restore the implants? Yes _____ No _____

Referring Dentist's Signature _____ Date _____

ASE CLINIC USE ONLY: _____ Assigned _____ PR # _____