



## Integrative Dental Care Rooted in Listening, Science, and Trust

Thank you for referring your patient to 12 Oaks Integrative Dental. We value collaboration and will keep you informed as we care for your patient with a comprehensive, whole-health perspective.

### Patient Information

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent / Guardian (if applicable) \_\_\_\_\_

### Referring Provider

Provider Name \_\_\_\_\_

Practice Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Reason for Referral

Please select the area(s) you would like us to evaluate or support.

#### Comprehensive Dental Care

- New patient comprehensive evaluation
- Ongoing preventive and restorative care
- Second opinion
- Periodontal concerns
- Caries management

#### Restorative & Cosmetic Dentistry

- Worn, fractured, or failing dentition
- Crowns, bridges, or implant restoration
- Full mouth rehabilitation
- Smile enhancement consultation
- Bite / TMJ concerns

#### Airway, Sleep & Whole-Health Considerations

- Mouth breathing or sleep concerns
- Tongue or lip tie evaluation
- Clenching or grinding
- Chronic inflammation, jaw tension, or facial pain
- Concerns that may be connected to airway or sleep quality

#### Growth, Development & Pediatric Care

- Early growth and orthodontic evaluation
- Crowding or narrow arches
- Habit concerns (mouth breathing, thumb sucking, etc.)
- Monitoring dental and facial development

#### Diagnostic & Preventive Support

- Salivary or genetic testing
- Inflammatory or systemic health considerations
- Comprehensive exam with medical history review

Other \_\_\_\_\_

Notes / Additional Information \_\_\_\_\_

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