



Direct Referral Form

California

Referring Dentist – In order to ensure proper communication, ALL information must be filled out accurately and completely. Appropriate radiographs should be placed in an envelope and forwarded to the specialists.

Referring Dentist Information

Facility Number: _____

Name: _____ Phone: _____

Specialist Information

Facility Number: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Patient Information

Family ID Number: _____

Patient Name: _____ DOB: _____

Subscriber Name: _____ Plan: _____

Clinical Information

Referral Type:

Oral Surgery Endodontics Pedodontics Periodontics

Tooth Number / Area in Question: _____

Reason for Referral: _____

Referring Dentist Signature _____

Date _____

Managed Dental Care plans are available in California, Florida and Texas provided by a domestic company in the applicable state named SafeGuard Health Plans, Inc. The SafeGuard companies are part of the MetLife family of companies. Managed Dental Care plans are available in Illinois through SafeGuard Health Plans, Inc., a Texas corporation. Managed Dental Care plans in New Jersey are provided by MetLife Health Plans, Inc. and Metropolitan Life Insurance Company. Managed Dental Care plans in New York are provided by Metropolitan Life Insurance Company. "Managed Dental Care" is used to refer to products that may differ by state of residence of the enrollee, including but not limited to: "Specialized Health Care Service Plans" in California; "Prepaid Limited Health Service Organizations" as described in Chapter 636 of the Florida statutes in Florida; "Single Service Health Maintenance Organization" in Texas, "Limited Health Service Organizations" in Illinois, "Dental Plan Organizations" in New Jersey, and "Dental Managed Care Plan" in New York.