

Referral Questionnaire

Dear Member:

March, 2019

The Alaska Dental Society is called for referrals each week. You can help make these referrals more accurate by filling out this survey. The more information we have about your practice the more patients we can refer to you. Please return the completed survey to the Alaska Dental Society as soon as possible. Thank you.

Dentist: _____

Office Days/Hours: _____

Please circle those which apply to you:

- | | |
|---|--|
| On/near a bus line | Medicaid (Adult) |
| Work with child patients | Medicaid (Denali Kid Care) |
| In office same day crowns | Happy to work with mentally handicapped patients |
| Dentures/partial | Happy to work with physically handicapped patients |
| Emergencies | Mercury-free practice |
| General anesthesia | Nursing home patient care |
| IV sedation | Payment plans |
| Oral sedation | Portable equipment |
| Nitrous Oxide | Root canals |
| Have hospital/surgery center privileges | Senior discounts |
| Willing to make house calls | Sign Language |
| Implant procedures | TMJ Treatment |
| Insurance processing | Weekend appointments |
| Lab on-site | Wheelchair access |
| Laser dentistry | |

Does anyone in your office speak additional language(s)? If so, which? _____

Additional information or services that would be helpful in referring patients: _____
