



Dental Arts Practice

specialty referral, thoughtfully coordinated

SPECIALIST REFERRAL FORM

618 N Diamond Bar Blvd.

Diamond Bar, CA 91765

(909) 598-9097

dentalartspractice.com

Maxwell M. Nazari, DDS, MS - Prosthodontist & Implant Surgeon

Rachel Lim, DMD - Endodontist

Yoonjung Nicole Lee, DDS - Periodontist & Implant Dentistry

1 REFERRING OFFICE

Who should we contact about this referral?

Practice name *

Referring dentist *

Office phone *

Secure email *

Referral coordinator

2 PATIENT INFORMATION

Use the patient's preferred contact information.

Patient full name *

Date of birth (MM/DD/YYYY) *

Phone *

Patient email (optional)

Preferred contact

☐ Phone

☐ Text

☐ Email

☐ Patient aware

3 CLINICAL REQUEST

Select the service and provide the clinical question.

SERVICE REQUESTED *

☐ Prosthodontics

☐ Endodontics

☐ Periodontics

☐ Implant surgery

☐ CBCT scan

URGENCY *

☐ Routine

☐ Within 1 week

☐ Urgent - call today

Tooth number / area

Primary concern / clinical question / relevant history *

TOOTH SELECTOR - click each applicable tooth (or enter an area above)

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16
☐ 32	☐ 31	☐ 30	☐ 29	☐ 28	☐ 27	☐ 26	☐ 25	☐ 24	☐ 23	☐ 22	☐ 21	☐ 20	☐ 19	☐ 18	☐ 17

4 RECORDS & COORDINATION

Tell us what is included and how you want the case handled.

RECORDS INCLUDED

☐ X-rays

☐ CBCT

☐ Photos

☐ Treatment plan

☐ Insurance

☐ Other

COORDINATION PREFERENCE

☐ Contact patient directly

☐ Contact our office first

☐ Consultation only

☐ Treat as appropriate

☐ Send progress updates

☐ Return patient to referring office for continuing general care

Submitted by *

Date (MM/DD/YYYY) *

Best callback time

SECURE SUBMISSION REQUIRED

Return completed forms only through an approved secure portal, encrypted email, or HIPAA-compliant fax.

For secure submission instructions or an urgent referral, call (909) 598-9097.