

RDH Communications, LLC

Website: www.rdhcommunications.org
Contact: info@rdhcommunications.org

RDH Communications are traveling Registered Dental Hygienists who provide bedside cleaning services and dental assessments to adults with moderate to severe cognitive and/or physical disabilities. Because of our limited space, we ask licensed medical professionals (doctors, nurses, therapists, dentists, etc.) to complete this referral letter that explains the reason why it can be difficult for the patient to be placed in a standard dental practice or clinic for routine checkups.

Patient Name: _____ D.O.B: _____

Legal Guardian: _____ Guardian Phone Number: _____

Does the patient live somewhere other than a private residential home (i.e nursing home, long-term care, assisted living, etc.)? If so please provide the name of the organization, address, and phone number.

Name: _____

Address: _____ Phone: _____

Referring Medical Provider Name: _____ Title _____

Phone: _____ Fax: _____

Medical Office Name / speciality: _____

Medical office address: _____

Condition Name: _____

Please evaluate this patient's medical history and advise us of any special considerations that should be made.

Antibiotic prior to dental prophylaxis: YES ____ NO ____

Name of antibiotic allowed/recommended: _____

Interruption of anticoagulants: YES ____ NO ____

How long before and after treatment: _____

A short explanation of cognitive/physical special needs:

Signature of medical provider: _____ Date: _____

**** Patient or medical provider may email completed form to info@rdhcommunications.org and a dental hygienist will contact you shortly.**