

## DOCTOR REFERRAL FORM

**Dipesh Sitaram, DDS, FICCMO, OCF**  
812-342-9666 • ColumbusDentalSolutions.com

3780 Jonathan Moore Pike, Suite 180 • Columbus, IN 47201  
dental.solutionsofcolumbus@gmail.com

**Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Patient Phone Number:** \_\_\_\_\_

**Referring Doctor Name:** \_\_\_\_\_

**Referring Doctor Phone Number:** \_\_\_\_\_

**Referring Doctor Email:** \_\_\_\_\_

**Reason for Referral:**     3D X-Rays     Endodontics     Oral Surgery     Orthodontics     Prosthodontics  
                                   TMJ/TMD     Frenectomy     Myofunctional Therapy

			a	b	c	d	e	f	g	h	i	j					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
R																	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				t	s	r	q	p	o	n	m	l	k				

**Case Description & Doctor Notes:** \_\_\_\_\_

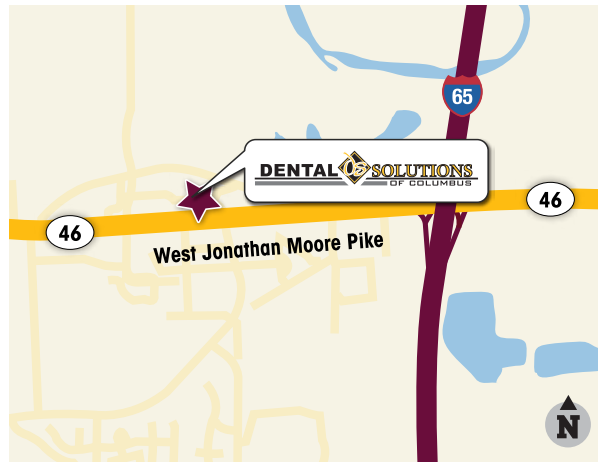
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referring Doctor Signature:** \_\_\_\_\_



*Next to Papa's Grill,  
Chicago's Pizza, & the  
New Start Health Center  
in the Shoppes at  
River Bend on 46 West*

*Thank you for  
trusting your patient  
to our care!*