



ORAL
Oregon Rural Alliance of Dental Leadership
1966 Garden Ave Eugene Or 97403
Phone: 1-866-935-9663 Fax: (541) 342 1150

ORAL Self-Referral Form

Demographic Information

Name: _____

Birthdate: _____ Phone #: _____

Address: _____

Dental History

Approximate Date of Last Dental visit: _____

What did you have done at your last dental appointment? _____

What do you identify as your most important dental need right now?

How would you describe the health of your teeth and gums today? _____

Have you ever had to take antibiotics before a dental appointment? Yes No

Do you use a denture or removable appliance? Yes No

If yes, does it fit well? Yes No

Additional Comments: _____

Health Care Information

Physician: _____ Phone #: _____

Anything else you want to let us know: _____
