

Multnomah Dental Society Referral Service Update 2008

Yes, I want to be included in the Referral Service listing. _____

I do not wish to be included in the Referral Service listing at this time. _____

Do you limit your practice to a Specialty? (If so, please list.) _____

Please list the days and hours your office is open:

Do you accept emergencies from the general public? _____
(i.e. people who are not patients of record)

Will you establish payment program for new patients? _____

Do you accept OHP patients? _____

Do you treat children? (If yes, starting at what age?) _____

Please check the services you provide:

- | | | | |
|--------------------|-------|--------------------|-------|
| Dentures | _____ | Extractions | _____ |
| Immediate Dentures | _____ | Crown & Bridge | _____ |
| 1 Day Pros. Repair | _____ | Root Canals | _____ |
| Implants/Placement | _____ | Implant Restore | _____ |
| Cosmetics | _____ | Sedation Services | _____ |
| Veneers/Bonding | _____ | Nitrous | _____ |
| Bleaching | _____ | General Anesthesia | _____ |
| Mercury Free | _____ | IV Sedation | _____ |
| Acupuncture | _____ | Hypnosis | _____ |

Special Services

- Office is Handicapped Accessible _____
- Treat housebound patients _____
- Know sign language _____
- Trained to treat special needs patients _____
- Trained to treat patients with dental fears _____

Foreign languages spoken _____

- Special Technology _____
- Digital Radiographs _____
- Air Abrasion Unit _____
- Other _____

Please Print the Following Information:

Name _____ Degree _____

Office Address/City/Zip _____

Office Phone _____ Email _____

Dental School/Year Graduated _____

Return to: Multnomah Dental Society, 10505 SE 17th Ave., Milwaukie, OR 97222
Fax Number (503) 513-5009