BLENDE
DENTAL GROUP
HOME OF THE HOUSE CALL DENTISTS

390 Laurel Street, Suite # 310
(at Sacramento Street)
San Francisco, CA 94118
Tel: 415.563.4261
Fax: 415.563.1476
Email: mail@drblende.com
www.blendedentalgroup.com

Patient name: _____ Phone #: _____

Parent / Guardian name: _____ Phone #: _____

Address: _____ Email: _____

Primary care provider name: _____ Phone #: _____

Patient age: _____ Mobility: ❑ Ambulatory ❑ Walker ❑ Wheelchair ❑ Non-ambulatory Weight: _____ Height: _____

Number of years treating patient: _____ Date of last visit: _____

Recent care in your office: _____

Reason for referral: _____

Additional information or special instructions: _____

_____

❑ General anesthesia ❑ Intravenous conscious sedation ❑ Oral conscious sedation
❑ Dental anxiety ❑ Gag reflex ❑ Extensive treatment ❑ House call services

Contact patient: ❑ Immediately ❑ Wait for patient to call X-rays: ❑ Needed ❑ Will be emailed (mail@drblende.com) ❑ Will be sent via post
❑ Will be delivered by patient

Referred by: _____

❑ Dental professional _____ (specialty)

❑ Medical professional _____ (specialty)

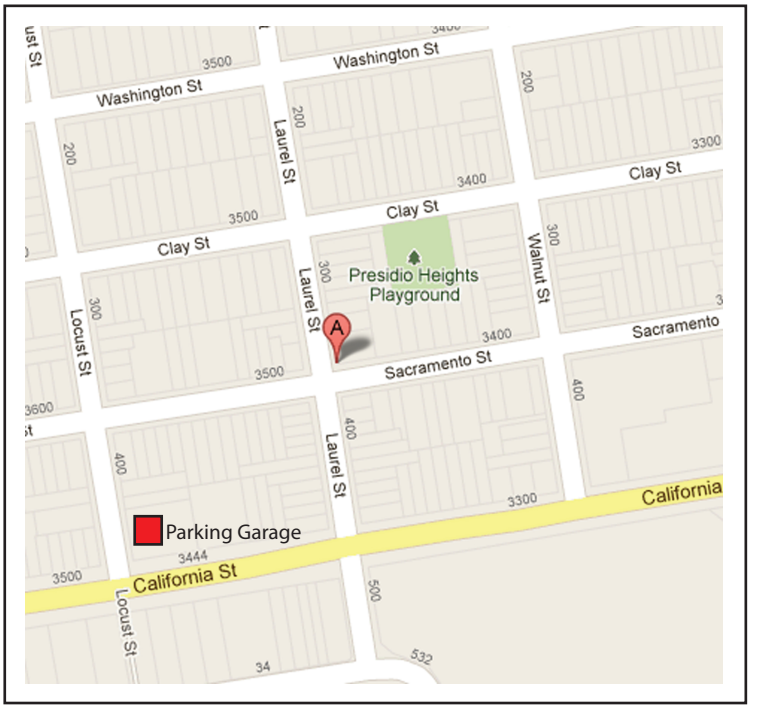
❑ Other _____ (specialty) Signature of referring individual: _____

Address: _____ Email: _____

Phone#: _____ Fax#: _____ Date: _____

For DDS, continuing dental care: ❑ At The Blende Dental Group ❑ Return to your office

Our office location
390 Laurel St., #310 (at Sacramento St.)



House call service area
60-mile radius around San Francisco

Changing lives, one smile at a time: awake, asleep, or at home