MaineCare X-Ray Referral Form

MaineCare X-ray Referral Form

Date:

Dear Mainely Teeth Patient,

This explains what you need to know about the dental x-rays we took for you on this day and what will happen next.

Dr. Hoglund and Dr. Burns will look at the x-rays and help us decide if you need follow-up care.

We'll let you know if you need follow-up care. If you do, you can schedule with Mainely Teeth or we will give the phone number to the best provider to treat you. You may also choose a different dentist other than Dr. Hoglund or Dr. Burns for that follow-up care.

If you choose to go to a different dentist and s/he wants to take a second set of x-rays, MaineCare may NOT pay for the second set.

Thank you,

_____ _____ _____
Independent Dental Hygienist Signature Date

Amber Lombardi, IPDH

My signature below means I have read and understand this notice.

_____ _____ _____
Member or parent /guardian Signature Date

Signature

My signature below means that I have read and understand this agreement.