

Pre/Perinatal Oral Health Referral Form Complete and fax form for: 1) URGENT visit to SFHN clinic (open to any low-income patient) 2) Referral for routine care outside of SFHN clinics	NAME _____ DOB _____ MRN _____ PCP _____ Patient ID / Addressograph _____
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For routine dental for SFHN patients, form is not needed. Instead, submit Amb Ref to "perinatal dental". No need to enter anything on the Amb Ref; either call desired clinic for appt, or dental switchboard will receive Amb Ref and call patient to schedule.

Date: _____ **Language:** English Spanish Chinese Vietnamese Mongolian Other _____

Referral to Dental Clinic: Chinatown Southeast Silver Bayview Clinic HealthRight360 Native American
NEMS San Bruno NEMS Stockton NEMS Stockton SoMa UOP UCSF Private dentist: _____

Reason for referral: Routine Other _____

Weeks' gestation (at time of referral): _____ **Estimated delivery date:** _____ **Patient Phone #:** _____

This patient is cleared for routine evaluation and dental care, which may include but not be limited to:

- Dental X-rays as needed for diagnosis (with abdominal and neck lead shield)
- Oral Health examination
- Dental prophylaxis
- Scaling and root planning
- Restoration of untreated caries
- Extraction
- Standard local anesthetic (lidocaine with or without epinephrine)
- Analgesics (if needed): Acetaminophen and/or Acetaminophen with codeine (Nonsteroidal anti-inflammatory drugs are not recommended during pregnancy)
- Antibiotics (if needed and no known allergies): Penicillin, Amoxicillin, Cephalosporin, Clindamycin, Erythromycin-notestolate form (Cipro and Tetracycline are not recommended during pregnancy)

Significant Medical Conditions: None Yes
(e.g., heart condition, liver disease, kidney disease, etc.)

Known Allergies: None Yes
Drug(s)/Reactions(s):

Current Medications: None Prenatal Vitamins
Iron Calcium
 Others (PCP to attach updated list of active Rx with referral)

Any Precautions: None Specify (List if any comments or instructions): _____

<p>Dental Clinics with (*) accept all low-income patients (not just SFHN patients) for emergency services:</p> <p>*Silver: (415) 657-1785 FAX *Chinatown: (415) 398-5973 FAX *Southeast: (628) 217-7507 FAX</p> <p>*If referring for urgent services, fax this form. Information on urgent visit hours and clinic phone #s are on the back.</p>	<p>If referring outside of SFHN, please FAX or email this form:</p> <ul style="list-style-type: none"> • Bayview Clinic: (415) 657-3440 FAX • Native American: wuenzya@nativehealth.org • NEMS San Bruno: sb.dental@nems.org (415) 391-7540 FAX • NEMS Stockton: dental.chartroom@nems.org (415) 391-7540 FAX • SoMa: (415) 503-6098 FAX • UCSF: (415) 476-0409 FAX • UoP: (415) 749-3338 FAX ATTN: Special Care Clinic-Pregnant • Healthright 360: dental@healthright360.org • Allegro Dental: reina.allegro@gmail.com • Gentle Dental: sfmission@interdent.com (415) 358-4647 FAX • Laurel Dental: laureldentalservice@gmail.com (415) 702-6178FAX • Lee Myoung DDS: (415) 239-4140 FAX • Premier Dental: (415) 986-8920 FAX • Richmond Dental: (415) 752-8597 FAX • Toothology: reception@toothologysf.com
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Perinatal Care Provider (PCP) (print name): _____
 CHN # _____ Phone/pager: _____ PCP Fax # _____
PCP Clinic: _____

Dentist: Please fax back information to PCP (Fax # above) after initial dental visit:

Exam Date: _____ Normal exam/recall Missed App
 Needs additional treatment visits for: Caries Periodontitis Referral to OMFS/Oral Surgery
Comments: _____

Dental Clinics for Pregnant Patients with Medi-Cal

Please call the clinic to schedule an appointment. Interpreter/language line services should be available at each clinic. All Clinics listed here provide Emergency and Routine Services!

San Francisco Health Network Patients Only for Routine Care		
Emergency Care open to everyone		
Chinatown Dental Clinic 1490 Mason St Phone: 415-364-7636 Neighborhood: Chinatown Emergency Drop-In Anytime, but best 8AM or 1 PM Closed: Wed (8-12 PM), Mon- Fri (12-1 PM), Sat & Sun (All day)	Southeast Dental Clinic 2401 Keith St Phone: 415-671-7068 Neighborhood: Bayview Emergency Drop-In Anytime, but best 8AM or 1 PM Closed: Mon- Fri (12-1 PM), Sat & Sun (All day)	Silver Avenue Dental Clinic 1525 Silver Ave Phone: 415-657-1730 Neighborhood: Portola Emergency Drop-In Anytime, but best 8AM or 1 PM Closed: Mon- Fri (12-1 PM), Sat & Sun (All day)
Community Dental Providers	Private Dental Providers	
Bayview Clinic – Marin City Health & Wellness 6031 3rd Street Phone: 415-339-8813 Ext. 153 Neighborhood: Bayview	Allegro Dental Group 4585 Mission St Phone: 415-584-8500 Neighborhood: Mission	
HealthRight 360 Mission Dental Clinic 1563 Mission St 5 th floor Phone: 415-746-1940; including Saturdays Neighborhood: Civic Center Mission	Gentle Dental Community SF 2494 Mission St. Phone: 415-873-8225 Neighborhood: Mission	
Native American Dental Clinic 160 Capp Street 2 nd Floor Phone: 415-417-3502 Neighborhood: Mission	Laurel Dental Office, Office of Dr Zhichun 500 Spruce St Suite 100 Phone: 415-702-6178 Neighborhood: Laurel Heights	
North East Medical Center (NEMS San Bruno) 2574 San Bruno Ave Phone: 415-391-9686 Ext. 6040 Neighborhood: Portola	Lee Myoung, DDS 90 Woodacre Dr Suite 108 Phone: 415-239-0396 Neighborhood: Balboa	
North East Medical Center (NEMS Stockton) 1520 Stockton St 4 th Floor Phone: 415-391-9686 Neighborhood: Chinatown	Premier Dental ADM Tsang, Mark 950 Stockton St Phone: 415-986-8899 Neighborhood: Chinatown	
South of Market Health Center (SMHC) 229 7 th St Phone: 415-503-6033 Neighborhood: Civic Center/SOMA	Richmond Dental Care 4312 Geary Blvd Phone: 415-752-5605 Neighborhood: Richmond	
UCSF Buchanan Clinic 100 Buchanan St Phone: 415-476-5608 Neighborhood: Haight	Toothology SF 490 Post St Suite 807 Phone: 415-656-8076 Neighborhood: Nob Hill	
University of the Pacific Adult Dental Clinic 155 5 th St 2 nd & 3 rd Floor Phone: 415-929-6501 Ext #1 Neighborhood: Haight		