

## Specialty Care Referral Form

**Please fax or email the completed form**

Fax: 402-280-5013

Email: dentalxray@creighton.edu

To send your referral's radiographic images, mail to the address above,  
ATTN: Dental XRays, Creighton Dental Clinic, or visit our website  
dentistry.creighton.edu/patients/referrals-and-consultations and follow  
the instructions.

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Patient Name:

Patient Date of Birth:

Patient Home Phone:

Patient Email:

Patient Address:

**Reason for Referral:**

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Referring Doctor:

Business Phone:

Business Fax:

Business Email:

Business Address: