ARIZONA ONCOLOGY FOUNDATION

Health, Healing, Survivorship!

2017 DENTAL SERVICES REFERRAL FORM

NEEDED DENTAL SERVICES (to be filled out by Physician)

Patient Name *(Last, First, M.I.):*		**Referred Date:**
Patient Home Phone:	**Patient Cell Phone:**	**Type of Cancer:**
Referring doctor name:	**Doctor OFFICE Phone:**	**Doctor CELL Phone:**

Eligibility:
- ☐ Patient is newly diagnosed and must receive dental treatment prior to starting chemotherapy or radiation treatment
- ☐ Patient is currently receiving chemotherapy or radiation treatment
- ☐ Patient is experiencing dental problems as a result of prior chemotherapy or radiation treatment

NEEDED DENTAL SERVICES

Describe patient's problem and what you would like to have addressed:

☐ **I certify that this patient meets criteria for financial assistance**

Referring Physician Signature:_____

DEMOGRAPHIC INFORMATION (to be filled out by Patient)

The information requested on this form is used by Arizona Oncology Foundation for statistical purposes only. It helps provide information to donors & funding organizations and to evaluate our programs & services. Names are never disclosed. Your help is appreciated.

Gender: ☐ Female ☐ Male
Marital Status: ☐ Single ☐ Married ☐ Widowed
Age Range: ☐ 18-29 ☐ 30-60 ☐ 60 and Above

Racial/Ethnic Background:
- ☐ African American
- ☐ Caucasian White
- ☐ Multi-Racial
- ☐ Asian/Pacific Islander
- ☐ Latino/Hispanic
- ☐ Native American/American Indian
- ☐ Other (Please Specify)_____

Income:
- ☐ Less than $12,000
- ☐ $12,001 - $24,000
- ☐ $24,001 - $35,000
- ☐ $35,001 - $40,000
- ☐ $40,001 and above

Residency: City_____ County_____ Zip Code_____

Number in household _____ **Number under the age of 18 _____**

Approved _____

Dr. Marilyn Croghan, Arizona Oncology Foundation

Thank you to Dental Village and their Doctors of Dentistry for the generosity in supporting this program. The mission of Arizona Oncology Foundation is to provide support services to those whose lives are touched by cancer. We promote health, healing, and survivorship to cancer patients and their families in our community.

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