



# **S.O.S.**

## **Senior Oral-health Services**

*Premier company providing on-site preventive oral care for dependent adults in long-term care.*



### **SENIOR LIVING COMMUNITY REFERRAL FORM**

**Date:** \_\_\_\_\_

**Resident Name:** \_\_\_\_\_

**Power of Attorney (POA):** \_\_\_\_\_

**POA's Phone Number:** \_\_\_\_\_

**POA's Email:** \_\_\_\_\_

**Senior Living Community:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

☐ I am referring this resident to SOS, Senior Oral-health Services for an assessment and weekly oral care services.

**Additional comments:** \_\_\_\_\_

\_\_\_\_\_

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Please email the completed referral form to [info@sosavl.com](mailto:info@sosavl.com) or fax it to (828) 484-4934. You can also submit electronic referral forms via the QR code or download more forms from our website at [www.sosavl.com](http://www.sosavl.com). Once we receive the referral, our SOS administrator will reach out to the patient to set up services.