S.O.S.
Senior Oral-health Services

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

DENTAL REFERRAL FORM

Date: _____

Patient Name: _____

Power of Attorney (POA): _____

POA's Phone Number: _____

POA's Email: _____

Senior Living Community: _____

Referring Office: _____

Office 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 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. Once we receive the referral, our SOS administrator will reach out to the patient to set up services.