

# Ritebite Cares

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## General Dentist Form

This form is to be completed by the applicant's general dentist and/or hygienist.

If you do not have a general dentist please check this box and leave form blank.

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

Applicant's Name: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

General Dentist: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Date of Last Dental Cleaning & Exam: \_\_\_\_\_

Please list any restorative work that needs to be completed:

\_\_\_\_\_  
\_\_\_\_\_

Please check one:

\_\_\_\_\_ Patient has received a cleaning and is cavity free.

\_\_\_\_\_ Patient has received all restorative treatment including a cleaning with exam & no additional treatments are necessary.

\_\_\_\_\_ Patient has received cleaning with exam & restorative treatment has been scheduled.

Scheduled dates the restorative treatment is to be completed: \_\_\_\_\_

Signature of Dentist/Hygienist \_\_\_\_\_