

# WDL

## PATIENT REFERRAL FORM

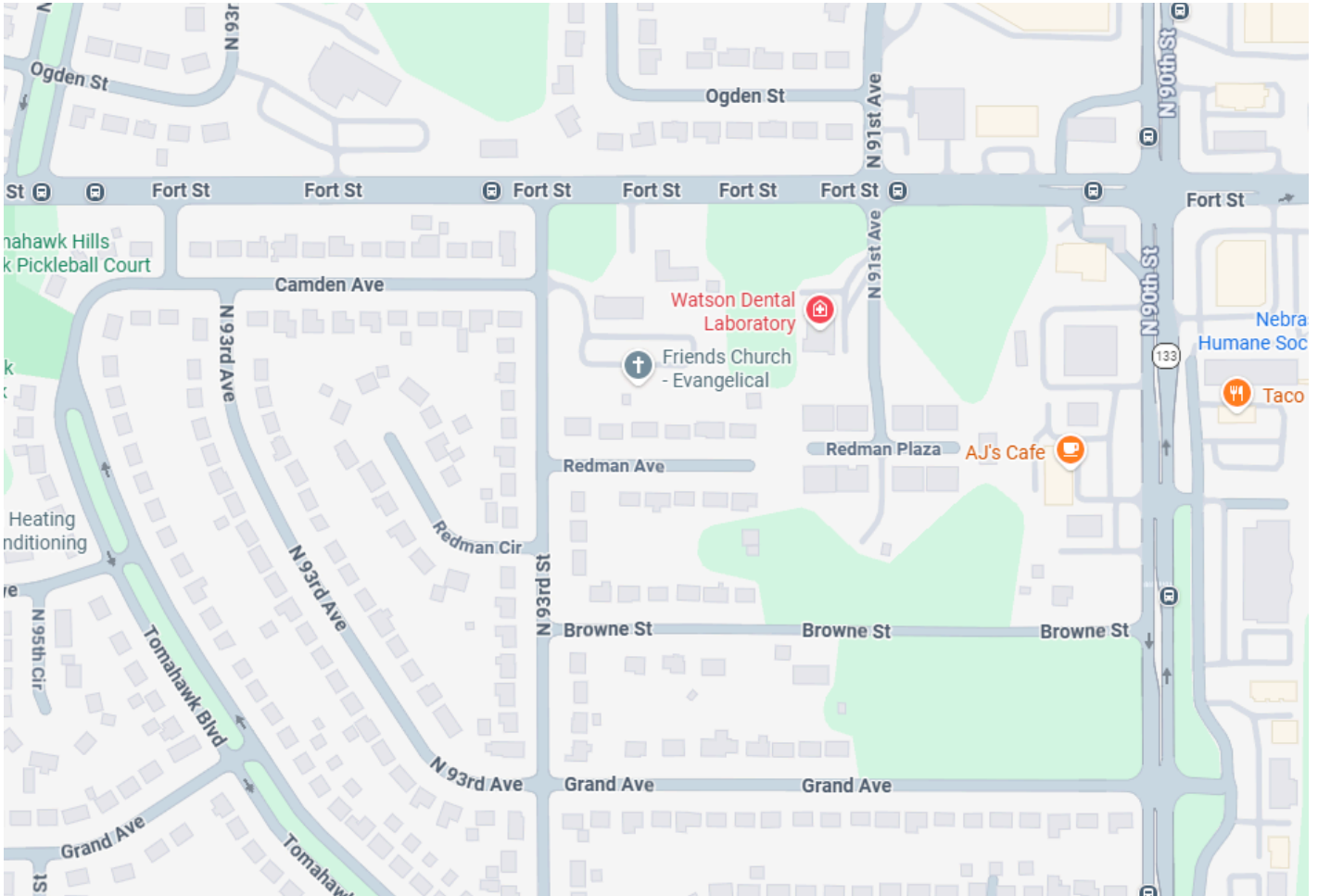
Watson Dental Lab | (402) 330-7865 | 5200 N. 91st Ave Suite B, Omaha, NE 68134

|   |  |                          |  |
|---|--|--------------------------|--|
| <b>Date of Referral:</b>  |  | <b>Referring Office:</b> |  |
| <b>PATIENT INFORMATION</b>                                      |  |                          |  |
| <b>Patient Name:</b>  |  |                          |  |
| <b>Date of Birth:</b>   |  | <b>Phone:</b>            |  |
| <b>Address:</b>   |  |                          |  |
| <b>SERVICES REQUESTED (check all that apply)</b>                |  |                          |  |
| <input type="checkbox"/> Denture Reline – Chairside (same-day)  | <input type="checkbox"/> Denture Reline – Lab Processed              |                          |  |
| <input type="checkbox"/> Denture Repair – Crack / Break         | <input type="checkbox"/> Denture Repair – Broken Clasp or Attachment |                          |  |
| <input type="checkbox"/> Add Tooth / Add Teeth                  | <input type="checkbox"/> Partial Denture Repair                      |                          |  |
| <input type="checkbox"/> Denture Duplicate / Spare Denture      | <input type="checkbox"/> Immediate Denture Conversion                |                          |  |
| <input type="checkbox"/> New Complete Denture                   | <input type="checkbox"/> New Partial Denture                         |                          |  |
| <input type="checkbox"/> Denture Adjustment                     | <input type="checkbox"/> Other (see notes below)                     |                          |  |
| <b>CLINICAL NOTES / SPECIAL INSTRUCTIONS</b>                    |  |                          |  |
|   |  |                          |  |
| <b>BILLING PREFERENCE</b>                                       |  |                          |  |
| <input type="checkbox"/> WDL will bill patient directly         | <input type="checkbox"/> Referring office will handle billing        |                          |  |
| <b>Referring Provider Signature:</b>                            | <b>Phone / Fax for Records:</b>                                      |                          |  |
| _____   | _____  |                          |  |
| WDL   Please fax or deliver with patient at time of appointment |  |                          |  |

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## WATSON DENTAL LAB

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## REFERRING PROVIDER GUIDE Appliance Repairs, Relines & Modifications

Thank you for partnering with WDL. Referring denture repairs, relines, and modifications to us is a simple way to free up valuable chair time in your practice while getting your patients taken care of faster. Rather than waiting on your schedule, they can often be seen quickly and have their appliance back in hand sooner. This guide explains how our referral process works, what services we offer, and the straightforward billing options available to you.

### WHY REFER TO WDL?

- These services are often time-consuming, require specialized lab relationships, and may not be worth the administrative burden for your practice.
- We specialize exclusively in removable prosthetics — meaning faster turnaround, expert results, and a seamless experience for your patient.
- Referring these cases keeps your schedule lean while ensuring your patients receive excellent, focused care.
- We treat your patients as an extension of your practice — with the same professionalism and respect you would provide.

### SERVICES WE ACCEPT REFERRALS FOR

- Denture relines (chairside same-day or lab-processed)
- Denture repairs — cracks, fractures, broken flanges
- Adding a tooth or multiple teeth to an existing appliance
- Partial denture repairs — broken clasps, framework repairs
- Duplicate / spare dentures
- Denture adjustments and occlusal modifications
- Immediate denture conversions
- New complete or partial dentures

### SIMPLE, FLEXIBLE BILLING OPTIONS

We know billing can be a headache. We offer two easy options — choose whichever works best for your practice:

#### OPTION 1 — WE BILL THE PATIENT

(Recommended — zero work for your office)

- WDL collects payment directly from the patient at the time of service.
- Your office has no financial involvement — no invoices, no collections, no administrative overhead.
- Fees are competitive and clearly communicated to the patient before any work begins.
- Simply send us the patient with the referral slip and let us handle the rest.

#### OPTION 2 — YOUR OFFICE BILLS THE PATIENT

(When you prefer to keep billing in-house)

- If your office prefers to collect payment and pay WDL directly, that works too.
- We will provide you with an itemized fee schedule for each service so you can bill accordingly.
- Payment to WDL is due at time of service or upon appliance delivery.
- Some offices find this preferable when they want to bundle services or manage patient accounts centrally.

## HOW TO MAKE A REFERRAL

1. Complete the attached Patient Referral Form and select your billing preference.
2. Give the form to the patient to bring to their appointment — or fax it to us in advance.
3. The patient may call us directly to schedule, or your office may call on their behalf.
4. For urgent repairs, please call ahead so we can prioritize same-day service.

## WDL

We appreciate your trust in referring your patients to us.  
Questions about a referral? Contact us anytime — we are happy to assist.