

Oral Medicine Referral

Please complete this form and fax it to 909.469.8650. Please contact The Dental Center for an appointment at 909.706.3910. We must have this form BEFORE we can schedule an appointment. The cost of the initial appointment ranges from \$60-\$250.

PATIENT INFORMATION

Patient's Name *(Please print)*

Patient Date of Birth

Patient Primary Phone Number/Contact

Other Phone Number/Contact

Doctor's Name *(Please print)*

Practice Name

Address

City

State

Zip Code

Telephone

FAX

Email

REFERRING DOCTOR

Indicate which provider you wish to schedule with:

Sahar Mirfarsi, DDS

Mark Mintline, DDS

First available appointment

RELEVANT CLINICAL INFORMATION

Chief complaint:

Oral examination findings: Please describe lesion character, color and location. Use the mouth diagram to the right, if necessary.

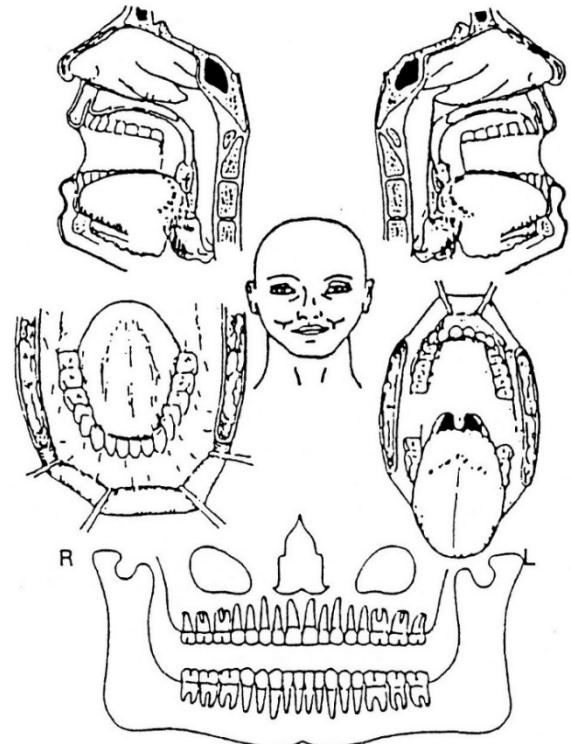
RADIOGRAPHS AND CLINICAL PHOTOGRAPHS

Please include radiograph if lesion involves bone.

Radiographs sent with patient

Clinical photos sent with patient

ORAL LESION LOCATION (CIRCLE ON DIAGRAM)



DOCTOR SIGNATURE, DATE AND FAX REQUIRED

Dr. _____

Date: _____

Fax: _____