WesternU Health The Dental Center
795 E Second St, Suite 8
Pomona, CA 91766-2007
T: 909.706.3910 F: 909.469.8650

Comprehensive Care 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 New Patient Visit is $85.00

PATIENT INFORMATION

Patient's Name *(Please print)*

Patient Date of Birth

Patient Primary Telephone/Mobile Number

Other Telephone/Mobile Number

REFERRING DOCTOR

Doctor's Name *(Please print)*

Practice Name

Address

City State Zip

Telephone Fax

Email

RELEVANT CLINICAL INFORMATION

Date of Last Dental Exam/Cleaning: _____

Date of Last FMX:_____

Other pertinent information and/or comments:

DOCTOR SIGNATURE, DATE AND FAX REQUIRED

Dr. _____

Date: _____

Fax: _____