



**The Dental Center at Western University
Comprehensive Care Referral Form**

Please complete the form and fax it to (909)469-8650. We must have this form BEFORE we can schedule the appointment. The cost of the appointment ranges from \$46.00-\$157.00. Please ask your patient to contact the Dental Center for an appointment at (909)706-3910 Monday-Friday between 9am and 4:30pm.

Today's Date: _____

Patient Name: _____

Patient Primary Telephone: _____ **other phone number:** _____

Patient Date of Birth: _____

Please evaluate for Comprehensive Care:

Any other pertinent information:

Referring Dentist

Print Name of referring dentist: _____

Address: _____

Telephone: _____ Fax _____ Email: _____

Signature of Referring Dentist: _____