

**The Dental Center at Western University
Oral Medicine Referral**

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: _____

Indicate which provider you wish to schedule with:

First Available

Dr. Joel Laudenbach

Patient Name: _____

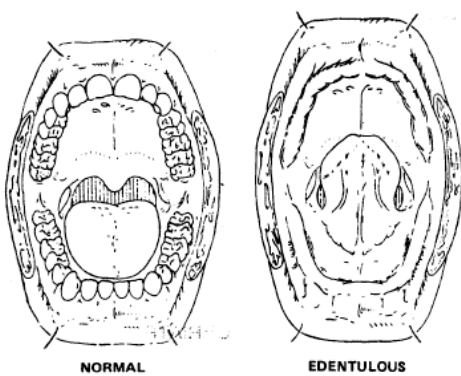
Patient Date of Birth: _____

Patient Primary Telephone: _____ other phone number: _____

Chief Complaint: _____

Oral Examination Findings (please briefly describe lesion character, color, and location. Use mouth diagram below if necessary)

Oral lesion location (circle area on diagram)



Referring Dentist:

Print Name of Referring Dentist: _____

Address: _____

Telephone: _____ Fax _____ Email: _____

Signature of Referring Dentist: _____