WesternU Health
Pomona

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

hNJl-f {dzNJƎŜNJè 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 ŦƵN Y2ăű LJl-úńŜyűă ła $MC7.00.

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

RADIOGRAPHS AND CLINICAL PHOTOGRAPHS

New radiographs may need to be taken at appointment.

☐ Radiographs sent with patient ☐ Clinical photos sent with patient

RELEVANT CLINICAL INFORMATION

DENTAL EXTRACTIONS

Please indicate which teeth are to be extracted: _____
Please place an "X" over the teeth you wish to have extracted.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
			A	B	C	D	E	F	G	H	I	J			
			T	S	R	Q	P	O	N	M	L	K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

DOCTOR SIGNATURE, DATE AND FAX REQUIRED

Dr. _____

Date: _____

Fax: _____

OTHER SURGICAL PROCEDURES

☐ Alveoloplasty ☐ Biopsy ☐ Bone graft