

## 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)*

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Patient Date of Birth

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Patient Primary Phone Number/Contact

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Other Phone Number/Contact

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REFERRING DOCTOR

Doctor's Name *(Please print)*

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Practice Name

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Address

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City State Zip Code

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Telephone FAX

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Email

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Indicate which provider you wish to schedule with:

Sahar Mirfarsi, DDS
  Mark Mintline, DDS

### RELEVANT CLINICAL INFORMATION

Chief complaint:

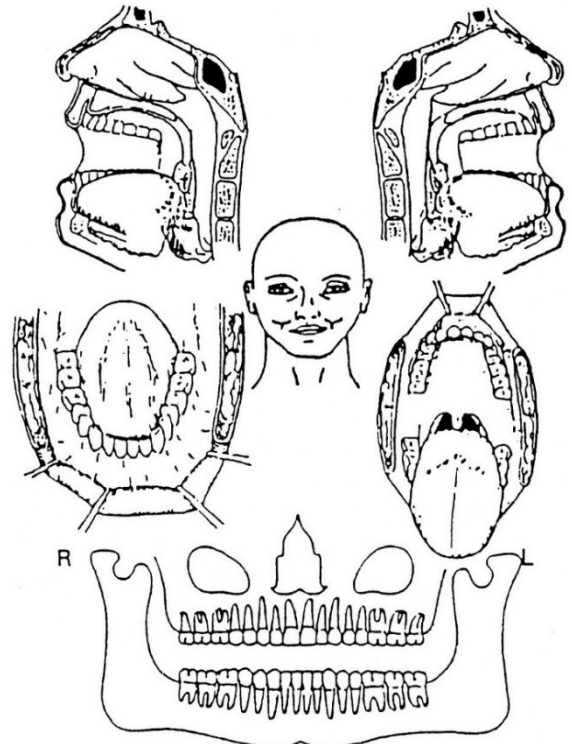
Oral examination findings: Please describe lesion character, color and location. Use the mouth diagram to the right, if necessary

### 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: \_\_\_\_\_