THE COLLEGE OF Dental Medicine
The discipline of learning. The art of caring.

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Tel: (909) 706-3910 • Fax: (909) 469-8650

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

*Please complete the form and fax it to: (909)469-8650. Please contact the Dental Center for an appointment (909)706-3910*
*We must have this form **BEFORE** we can schedule the appointment. The cost of the appointment ranges from $46.00-$157.00.*

Today's Date:______________

Indicate which provider you wish to schedule with:
First Available Dr. Joel Laudenbach
Patient Name:_____________________________________________________________

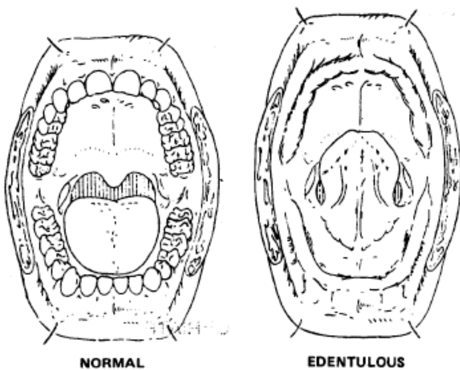
Patient Date of Birth: _________________________________

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:________________________________________________

Revised 7.2017