

## ORAL MEDICINE REFERRAL FORM

- Please fill in the information and fax [(210) 450-2200] or email ([OralMedicine@uthscsa.edu](mailto:OralMedicine@uthscsa.edu)) along with any supporting documentation (visit notes, imaging studies\*, clinical images, labs, etc.) if available, to our office.  
*\*Do not send imaging studies via fax. Imaging studies are only accepted via email or regular mail.*
- To schedule an appointment, please call: (210) 450-3230

### Patient Information

<b>Name:</b>		<b>Date of Birth:</b>	
<b>Physical Address:</b>			
<b>Daytime/mobile phone:</b>		<b>E-mail Address</b>	

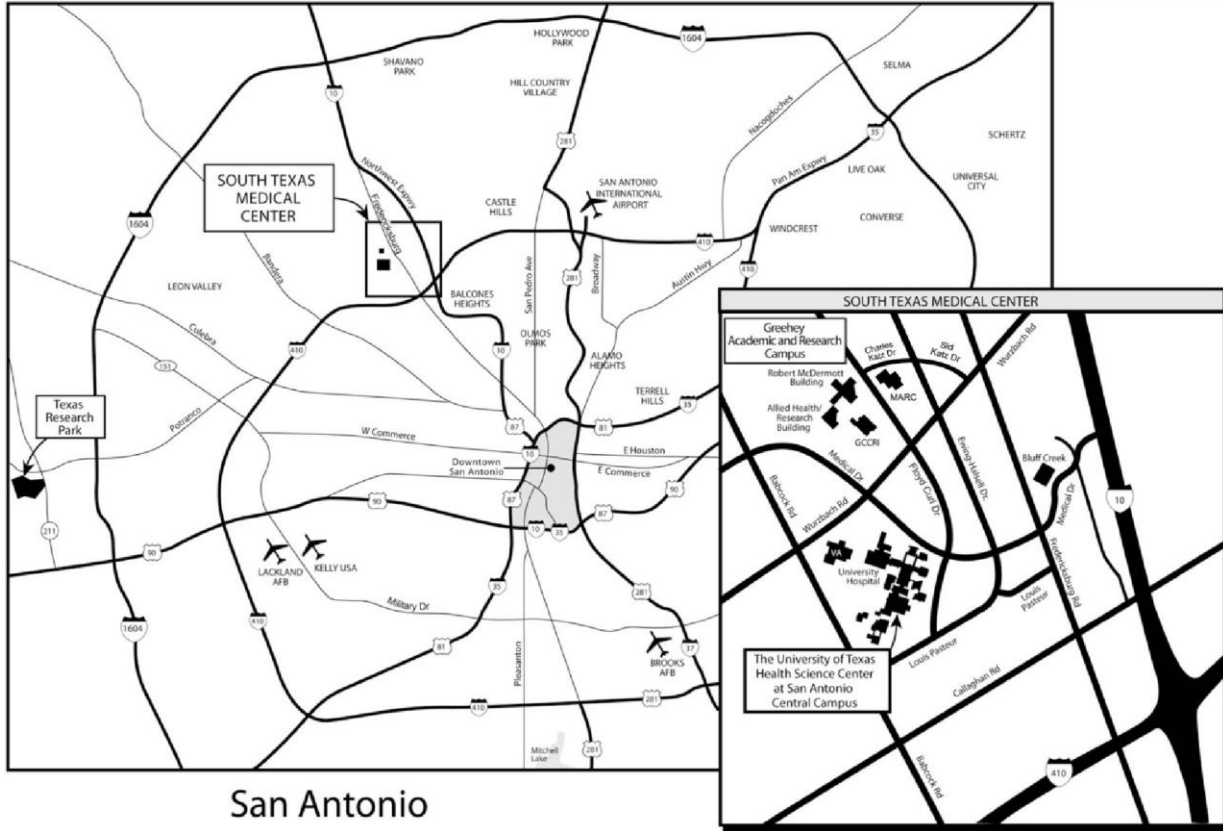
### Referring Provider Information

<b>Name:</b>			
<b>Type of Provider:</b>	<input type="checkbox"/> General Dentist <input type="checkbox"/> Dental Specialist (specify) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Medical Specialist (specify)	
<b>Office Address:</b>			
<b>Office Phone Number:</b>		<b>Office Fax Number</b>	
<b>Office E-mail Address:</b>			

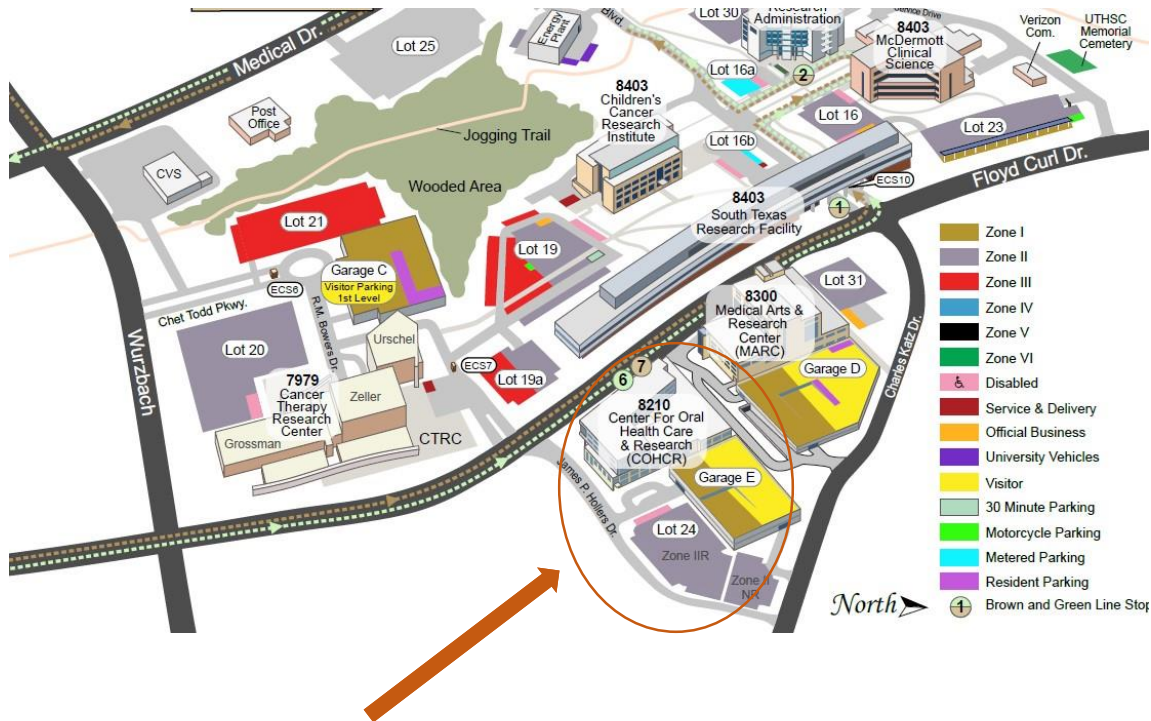
### Referral Details

<b>Reason for Referral</b>	<input type="checkbox"/> Persistent ulcer(s) <input type="checkbox"/> Recurrent ulcer(s) <input type="checkbox"/> Lichen Planus/blistering disease <input type="checkbox"/> Soft tissue nodule/growth <input type="checkbox"/> Lip swelling <input type="checkbox"/> Facial swelling <input type="checkbox"/> Oral infection unrelated to dental disease <input type="checkbox"/> White and/or red patches <input type="checkbox"/> Leukoplakia/other oral potentially malignant disorder <input type="checkbox"/> Oral complication of cancer treatment <input type="checkbox"/> Exposed bone/osteonecrosis	<input type="checkbox"/> Dry mouth <input type="checkbox"/> Suspected Sjogren syndrome <input type="checkbox"/> Other salivary gland disorder <input type="checkbox"/> Temporomandibular disorder (TMD) <input type="checkbox"/> Jaw pain unrelated to dental disease <input type="checkbox"/> Persistent orofacial pain <input type="checkbox"/> Trigeminal neuralgia <input type="checkbox"/> Headaches <input type="checkbox"/> Burning mouth <input type="checkbox"/> Numbness or altered sensation <input type="checkbox"/> Bad breath/halitosis <input type="checkbox"/> Pigmented lesion
<b>Relevant medical/dental history and treatments</b>		
<b>Referral Priority</b>	<input type="checkbox"/> Routine (next available) <input type="checkbox"/> Priority (within 1-3 months)	<input type="checkbox"/> Urgent (within 2 weeks)
<b>If urgent, reason for urgency</b>	<input type="checkbox"/> Suspected cancer/premalignancy <input type="checkbox"/> Swelling <input type="checkbox"/> Intense, unremitting pain for > 48hs	

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San Antonio



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 Center for Oral Health Care and Research  
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