

**Patient Referrals**

Date: \_\_\_\_\_

Patients Name \_\_\_\_\_ DOB \_\_\_\_\_

Reason for Referral: (please circle)

- ❖ Mucosal lesion: leukoplakia, erythroplakia, lichen planus,  
mass, ulceration; other: \_\_\_\_\_
- ❖ Infection: Candidiasis, herpes, other \_\_\_\_\_
- ❖ Xerostomia, taste change
- ❖ Orofacial pain: burning sensation, neuropathic pain, neuralgia
- ❖ Headache / TMD
- ❖ Injury (describe): \_\_\_\_\_
- ❖ Other, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Related Medical History: \_\_\_\_\_  
\_\_\_\_\_

Imaging & Related Medical Lab tests:  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Locations: (please check)

- Bellingham – 3400 Squalicum Pkwy – Ste 107 – Bellingham, WA  
98223 Phone No. 360-255-2052
- California – 8500 Wilshire Blvd – Ste 800 - Beverly Hills, CA 90211  
Phone No. 310-652-8500 FAX 310-457-4115
- Vancouver B.C. – 2160 Cambia St – Vancouver BC V5Z 4T1  
Phone No. 604-588-4941 FAX 604-565-1992