



# IU School of Dentistry Oral and Maxillofacial Surgery & Hospital Dentistry Patient Referral Form

### University Hospital

550 University Blvd, Suite 3195, Indianapolis, IN 46202

### School of Dentistry

1121 W. Michigan Street, Indianapolis, IN 46202

P: 317-274-8300 F: 317-274-0965 (University Hospital) F: (317) 274-5501 (Dental School) E: iuomfshd@iu.edu W: www.dentistry.iu.edu/patients

Please submit any radiographs and/or medical history information by email or by US mail

Today's Date: \_\_\_\_\_

### Referring Provider Information

Referring Provider \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

### Patient Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient's Guardian (if applicable) \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance Information: \_\_\_\_\_

### Referring To:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dr. Desmon Brown, DDS           | <input type="checkbox"/> Dr. Bruce Horswell, MD, DDS, MS, FACS     | <input type="checkbox"/> Dr. Paramjeet Sagoo, DDS        |
| <input type="checkbox"/> Dr. Bill Chung, DDS, MD         | <input type="checkbox"/> Dr. Pamela Jackson Linder, DMD            | <input type="checkbox"/> Dr. Jan Slapnicka, DDS, MD, PhD |
| <input type="checkbox"/> Dr. Massimiliano Di Giosia, DDS | <input type="checkbox"/> Dr. N. Shaun Matthews, DDS, MD, FDS, FRCS |  |
| <input type="checkbox"/> Dr. Christine Downey, DDS       | <input type="checkbox"/> Dr. Waldemar D. Polido, DDS, MS, PhD      |  |

### Procedures:

- |   |  |  |  |   |
|---|--|--|--|---|
| <input type="checkbox"/> Alveoloplasty              | <input type="checkbox"/> Cosmetic Facial Surgery | <input type="checkbox"/> Expose and Bond       | <input type="checkbox"/> Hospital Dentistry    | <input type="checkbox"/> Pathology/Biopsy       |
| <input type="checkbox"/> Apicoectomy                | <input type="checkbox"/> Dental Implants         | <input type="checkbox"/> Extraction            | <input type="checkbox"/> Incision and Drainage |   |
| <input type="checkbox"/> Biopsy                     | <input type="checkbox"/> Dental Sleep Medicine   | <input type="checkbox"/> Facial Trauma Surgery | <input type="checkbox"/> Orofacial Pain        | <input type="checkbox"/> Reconstructive Surgery |
| <input type="checkbox"/> Cleft/Craniofacial Surgery | <input type="checkbox"/> Dentoalveolar Trauma    | <input type="checkbox"/> Frenotomy             | <input type="checkbox"/> Orthognathic Surgery  | <input type="checkbox"/> TMJ Surgery            |



### Indicate facial injury, swelling, etc.



### Notes/Comments

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