

H O W

T O

REFER

Thank you for your referral! Please complete this page and trifold and mail, or fax ATTN: Nikki Guerrettaz (fax 317 278 3018). Please make sure to **include all patient contact information**, so we can then contact your patient to set up an appointment.

Referral from:

JESSE E. PHILLIPS, MD

1791 West 3rd Bloomington, Indiana 47404-5029

Telephone: 812 335 1300 Facsimile: 812 335 0300

Please remember: In general, oral mucosal lesions that have not resolved in two weeks should be biopsied or referred for biopsy. If you would like a CODT doctor to view a biopsy and recommend treatment prior to your patient being seen at CODT, please submit biopsy to Oral Pathology Group (you may contact Jenny Robison at 317 274 7668 for supplies and info).

1791 W 3RD BLOOMINGTON IN 47404-5029

JESSE E. PHILLIPS, MD

The Genter for Oral Diagnosis @ Preatment at the IU SCHOOL OF DENTISTRY
1121 WEST MICHIGAN STREET
ROOM S110, Milit Buerrella;
INDIANAPOLIS, INDIANA 46202

Helping you and your patients handle oral medicine problems ..

We would like to refer:

Address:	atient name:
Date of birth:/ Address:	`oday's date:
Address:	Male Female (circle one)
City, State, Zip: Home Phone #: Work Phone #: Other Contact #: Reason for referral: Past treatment for this problem (please fax mail additional records, radiographs or re	Date of birth: / /
Home Phone #: Work Phone #: Other Contact #: Reason for referral: Past treatment for this problem (please fax mail additional records, radiographs or re	Address:
Work Phone #: Other Contact #: Reason for referral: Past treatment for this problem (please fax mail additional records, radiographs or re	City, State, Zip:
Other Contact #:	Home Phone #:
Reason for referral: Past treatment for this problem (please fax mail additional records, radiographs or re	Vork Phone #:
Past treatment for this problem (please fax mail additional records, radiographs or re	Other Contact #:
mail additional records, radiographs or re	Reason for referral:
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mail additional records, radiographs or re	
	Past treatment for this problem (please fax of nail additional records, radiographs or references that you would also like us to see):