



**H O W
T O
R E F E R**

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:

RHEUMATOLOGY ASSOCIATES
(please circle referring doctor)

Hague ~ Lautzenheiser ~ Smith ~ Staley
Condit ~ PeGao ~ Kovacich

**8802 North Meridian Street
Suite 108
Indianapolis, Indiana 46260-3318
Telephone: 317 844 6444
Facsimile: 317 816 5683**

Please note: 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).



RHEUMATOLOGY ASSOCIATES
8802 N MERIDIAN ST
STE 108
INDIANAPOLIS IN 46260-3318

The Center for Oral Diagnosis & Treatment
at the IU SCHOOL OF DENTISTRY
1121 WEST MICHIGAN STREET
ROOM S110, *Stall* *Stover*
INDIANAPOLIS, INDIANA 46202

*Helping you and your patients
handle oral medicine problems ..*

We would like to refer:

Patient name: _____

Today's date: _____

Male Female (circle one)

Date of birth: _____ / _____ / _____

Address: _____

City, State, Zip: _____

Home Phone #: _____

Work Phone #: _____

Other Contact #: _____

Reason for referral: _____

Past treatment for this problem (*please fax or mail additional records, radiographs or referral letters that you would also like us to see*): _____

