AUGUSTA UNIVERSITY
DENTAL COLLEGE OF GEORGIA

Referral to the Center for Oral Medicine at the Dental College of Georgia

Patient Name & DOB:	
Patient Address:	
Patient Telephone:	
Referring Doctor:	
NPI Number:	
Doctor's Telephone:	
Doctor's Fax Number:	
Doctor's Office Address:	

Please check all that apply:

- ☐ **Pre/Post Chemotherapy**
- ☐ **Oral Mucosal Lesions**
- ☐ **Orofacial Facial Pain/ Neuralgia**
- ☐ **Obstructive Sleep Apnea**
- ☐ **Burning Mouth Disorder**
- ☐ **Splint Therapy**
- ☐ **Bisphosphonate- associated Jaw Necrosis**
- ☐ **Pre/ Post Radiation Therapy**
- ☐ **TMJ Disorder (TMD)**
- ☐ **Xerostomia / Dry Mouth**
- ☐ **Biopsy**
- ☐ **Halitosis**
- ☐ **Pre/Post Chemotherapy/XRT**
- ☐ **Taste and Smell Disorders**

Other:

Dr. Scarlet Charmelo- Silva, Dr. Ilanit Stern, Dr. Rafik Abdelsayed , Dr. Madison Richards

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