UT Dentists
A part of UTHealth

7500 Cambridge Street, Suite 1210
Houston, Texas 77054
Phone: 713.486.4444
Email: UTDentists@uth.tmc.edu
Website: www.utdentists.com

Oral and Maxillofacial Pathology Consultation Clinic Referral Form

Please fax completed forms to (713) 486-0414 or email UTDentists@uth.tmc.edu.

Dr. N. Vigneswaran, BDS, DMD, Dr. Med, Dent; FAAOMF
Diplomate American Board of Oral and Maxillofacial Pathology

Date: _____

Patient Name: _____

Date of Birth: _____

Patient's Contact: _____

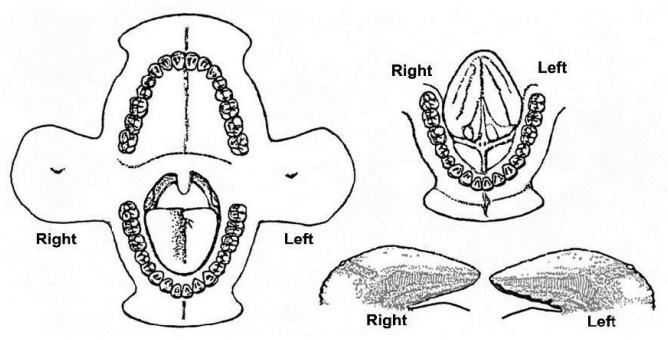
Referred by: _____

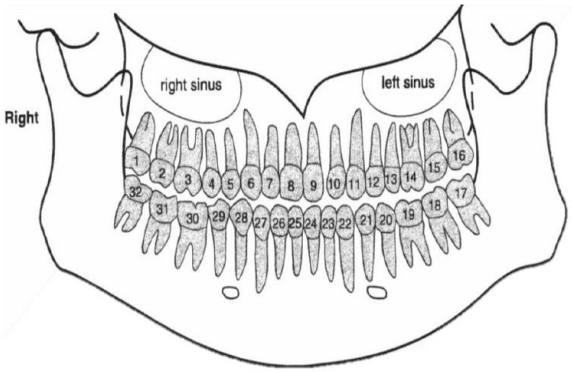
Phone: _____

Email: _____

Reason for referral: _____

Areas of concern (please mark on the diagrams)





Remarks:

_____

_____

_____

_____

_____

Please email radiographs to UTDentists@uth.tmc.edu prior to the patient's appointment.