## Cascade Oral Medicine Inc., P.S.

### Marijoyce R. Leynes, DDS, MSD

2504 E. Bakerview Rd. Phone: 360.383.6824 www.cascadeoralmed.com Bellingham, WA 98226 Fax: 888.972.9695 leynes@cascadeoralmed.com

### **Patient Referral Form**

	Date:
Name:	DOB:
Address:	
Phone: C/H/W	Phone #2: C/H/W
Medical Insurance Name and Address:	
Phone: Subscriber ID:	Group #:
<ul> <li>Reason for Referral:</li> <li>TMD - Please include panoramic x-ray</li> <li>Oral Lesion - Please include any photos, labwork, or biopsy reports</li> <li>Chemotherapy/Radiation Oral Complication</li> <li>Other {Please Describe}:</li> </ul>	<ul> <li>Sleep Appliance – Please include current sleep study</li> <li>Orofacial Pain</li> <li>Salivary Gland Disorder</li> <li>Burning Mouth Syndrome</li> </ul>
Referred by:	Phone:
Address:	
Imaging/Related Medical Lab Tests:  o PA/BW  o Pano o Blood Labs: o Other:	o CBCT o MRI
**Please include with referral Comments:	
Comments.	

Thank you for your kind referral. Please fax this referral to us and instruct your patient to call our office for their appointment.

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#### Patient Instructions:

- 1. Please call us to schedule your first appointment.
- 2. Before your first visit:
  - a. Our receptionist will send you a medical history and a registration form to complete and return to our office prior to your appointment. This includes insurance information that will allow us to identify benefits and estimate copayments if applicable. These forms are also available online.
  - Please bring any recent x-rays, tests or instructions from your dentist or doctor with you at the time of your visit.
- During your first visit:
  - Minors must be accompanied by the parent or guardian.
  - Plan on being with us for 45 minutes to 1 hour for your initial visit.
- 4. To fully manage your concern, you may need more than one visit.
- 5. We look forward to meeting you and are happy to answer any questions before you arrive.

