JOEL M LAUDENBACH DMD | DIPLOMATE, AMERICAN BOARD OF ORAL MEDICINE
ORAL DIAGNOSIS CONSULTATION & MANAGEMENT
747 LOCUST ST, STE 200, PASADENA CA 91101| 626.796.5361 | 310.300.3843 [FAX]

REFERRAL INFORMATION

Date:_____

Patient name:_____ Telephone #:_____

Referred by:_____*Please call me to discuss:☐YES ☐No

This patient is referred for: *Telephone #:_____

☐ Oral lesion assessment; oral diagnosis ☐ Oral lesion management

☐ Biopsy ☐ Non-healing ulcer(s) ☐ Melanosis/nevus ☐ Bad taste/halitosis

☐ White lesion(s)/leukoplakia/dysplasia ☐ Erythroplakia ☐ Desquamative gingivitis

☐ Oral/facial pain evaluation ☐ Non-dental/neuropathic toothache

☐ Burning tongue/mouth pain ☐ Trigeminal neuropathy/neuralgia

☐ Temporomandibular joint dysfunction (pain, locking, trismus)

☐ Myofascial pain ☐ Bisphosphonate jaw necrosis/symptoms

☐ Xerostomia ☐ Sialorrhea ☐ Salivary diagnostics - HPV

☐ Salivary gland enlargement/infection ☐ Sjögren's syndrome evaluation

☐ Radiation &/or chemotherapy oral evaluation/management (pre/peri/post)

☐ Sleep apnea/snoring: oral appliance therapy ☐ Sleep study/eval. needed

Are radiographs/imaging available from the last 12-18 months? ☐ YES ☐ No

IF YES, what type : ☐ Panoramic ☐ FMX ☐ Periapicals/BW's ☐ CT ☐ MRI

Additional lesion, pain, salivary, sleep, oncologic &/or case history/comments:

_____

_____

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Patients may call 626.796.5361 to schedule an appointment.

This referral form can be faxed to 310.300.3843 and/or given to your patient.