

**ORAL PATHOLOGY CLINIC
REFERRAL FORM**

**University of Minnesota Faculty Dental Clinic
Phillips-Wangensteen Building
516 Delaware St. SE, Suite 7-300
Minneapolis, MN 55455
Phone: 612-626-3233
Fax: 612-626-0427**

Refer to: Shanti Kaimal, BDS, MS
Clinical Associate Professor

Referring Doctor Information: (Please fill out completely so we can send you a consultation note)

Name: _____

Address: _____

Tel No: _____ Fax No: _____

Email: _____

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Patient Information:

Name: _____ Date of Birth: _____

Telephone: Home: _____ Work: _____

Cell: _____ Best time to call: _____

Reason for Referral: _____

Please send any pathology reports and/or images if applicable. Once we receive the referral, the patient will be called to schedule an appointment.