



LOMA LINDA
UNIVERSITY

Center for Dentistry and Orthodontics

Faculty Dental Practices

159 West Hospitality Lane

San Bernardino, CA 92408

(909) 558-4960 Fax (909) 558-0689

www.llucenterfordentistry.com

PATIENT REFERRAL

Superb Care Delivered by a Top Notch Team of Dental Professionals

Date: _____

Patient Name: _____ Work #: _____

Patient Address: _____

Home Phone: _____ Cell # _____

Requested consultation/treatment:

Comprehensive Care: _____

Limited care only (specify): _____

Consultation only (specify): _____

Comments (including special instructions): _____

Please return patient for general care to referring doctor.

Appoint with:

General Dentist Hygienist Periodontist Prosthodontist

Oral Pathologist Aesthetic Dentistry Orofacial Pain Mgmt Pediatrics

Orthodontics Endodontic s Oral Surgery Specify Doctor: _____

Radiographs preferred on film or compact disc:

Enclosed Will be sent Patient will bring None provided

Referring Doctor: _____

Address: _____

Telephone: _____ Email: _____

Please contact LLU Center for Dentistry and Orthodontics by telephone or fax to set up an appointment.