**Referral to the Center for Oral Medicine at the Dental College of Georgia**

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| **Patient Name:** |  |
| **Patient Telephone:** |  |
| **Referring Doctor:** |  |
| **Doctor Telephone:** |  |

**Please check all that apply:**

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|  **Pre/Post Chemotherapy  Pre/ Post Radiation Therapy** **Oral Mucosal Lesions  TMJ Disorder (TMD)** **Orofacial Facial Pain/ Neuralgia  Xerostomia / Dry Mouth** **Obstructive Sleep Apnea  Biopsy** **Burning Mouth Disorder  Halitosis** **Splint Therapy  Pre/Post Chemotherapy/XRT** **Bisphosphonate- associated Jaw Necrosis  Taste and Smell Disorders** |

**Other:**

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Dr. Scarlet Charmelo- Silva Dr. Ilanit Stern Dr. Rafik Abdelsayed