



AUGUSTA UNIVERSITY
**DENTAL COLLEGE
OF GEORGIA**

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

Patient's Name:	
Patient's Address:	
Patient's DOB:	
Referring Doctor:	
Referring Doctor's Address:	
Referring Doctor's NPI# (Required for Insurance claims)	
Referring Doctor's Telephone#:	

Please check all that apply:

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

Other:

Dr. Scarlet Charmelo- Silva

Dr. Ilanit Stern

Dr. Rafik Abdelsayed

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