



SCHOOL OF DENTAL MEDICINE
CASE WESTERN RESERVE
 UNIVERSITY

Department of Oral & Maxillofacial Medicine and Diagnostic Sciences
Oral Medicine and Orofacial Pain Clinic
Andres Pinto, DMD, MPH, MSCE, FDSRCS (Ed)
 Support Services, LLC
 2124 Cornell Road
 Cleveland, Ohio 44106
 Phone: (216) 368-0498

Referring Physician/Provider _____ Date _____
 Phone Number _____ Fax Number _____

Patient Information

Patient Name _____
 Date of Birth _____
 Phone Number _____ Alternate Number _____
 Insurance _____

*Please fax any physician/dentist notes and referral form to (216) 368-3627

Appointment information

Type of Referral

- _____ Consultation for evaluation and ongoing management of patient's problem below
- _____ (Referral) Transfer of care of patient's problem below

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- Soft & Hard tissue lesions
 - Salivary gland disorders
 - Oral complications of oncologic treatment
 - Temporomandibular Joint Disorder (TMD)
 - Headache & facial pain
 - Dental Sleep Medicine
 - Atypical odontalgia
 - Dry mouth, Sjögren's Syndrome
 - Medically Complex Dentistry

Physician/Provider _____

(Printed Name/Address)

Signature _____