



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)**  
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**Support Services, LLC**  
**9601 Chester Avenue, Second Floor**  
**Cleveland, Ohio 44106**  
**Phone: (216) 368-0498, (216) 312 1405**

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
  - Dental sleep medicine

Physician/Provider  
 \_\_\_\_\_

(Printed Name/Address)

Signature \_\_\_\_\_