# Referral Form

**UT Southwestern Medical Center**

**OMS Associates**
Paul M. Bass Administrative & Clinical Center
6333 Forest Park, Suite 130
Dallas, TX 75390

**Phone:** 214-645-3999  **Fax:** 214-645-3989  
**Email:** omsclinic@utsouthwestern.edu

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## Referred By: (Please Print)

**Address:**

Complete Street Address with Suite # or P. O. Box Address

**City:**

**State:**

**Zip Code:**

**Office Phone:**

**Office Fax:**

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**Pt. Will Call for Appt.**

**Patient Information:**

**Patient Name:**

Contact Phone #1: Contact Phone #2:

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### Oral & Maxillofacial Surgeons:

- **1st Available**
- Richard Finn, DDS
- Thomas Schlieve, DDS, MD
- Paul Tiwana, DDS, MD, MS
- Michael Zide, BS, DMD
- John Zuniga, DMD, MS, PhD

### Services Provided:

- **Dental**
  - Dentoalveolar Surgery (e.g., wisdom teeth)
  - Dental Implants
- **Medical (Head & Neck Only)**
  - Orthognathic (corrective jaw) surgery
  - Trauma (and reconstruction)
  - Benign & Malignant Pathology (and reconstruction)
  - Oral Cancer
  - Skin Cancer (and reconstruction)
  - Facial Pain / TMJ / Nerve Surgery
  - Cleft Lip, Palate, Craniofacial
  - Cosmetic Surgery
  - Salivary Gland Surgery

### Oral Medicine:

**Salivary Dysfunction Clinic:**

- Ibtisam Al-Hashimi, BDS, MS, PhD

### Services Provided:

- **Dry Mouth**
- **Oral Candidiasis**
- **Radiation Mucositis**
- **Sjogren's Syndrome**
- **Lichenoid Lesions**
- **Allergic Mucositis**
- **Oral Ulcers**

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**Reason for referral:**

**1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 a b c d e f g h i j k l m n o p q r s t u v w x y z**

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**Following are sent for review:**

<table>
<thead>
<tr>
<th>Via Email</th>
<th>Via Patient</th>
<th>Indicate if return is desired</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray:</td>
<td></td>
<td>Yes:</td>
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<tr>
<td>CD with Images:</td>
<td></td>
<td>Yes:</td>
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<tr>
<td>Other (Please specify):</td>
<td></td>
<td>Yes:</td>
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</tbody>
</table>