MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

Oral & Maxillofacial Surgery Department
Patient Referral Form

1500 E. Medical Center Dr.
MedInn Floor 2, Rm. C213
Ann Arbor, MI 48109-5018
Phone: 734-936-4761
Fax: 734-615-6159

Thank you for your interest in referring a patient to the University of Michigan Oral & Maxillofacial Surgery Department. Please complete the information below so that we can triage and most expeditiously provide care for your patient. Fax the completed form to the number listed above.

Date: _____

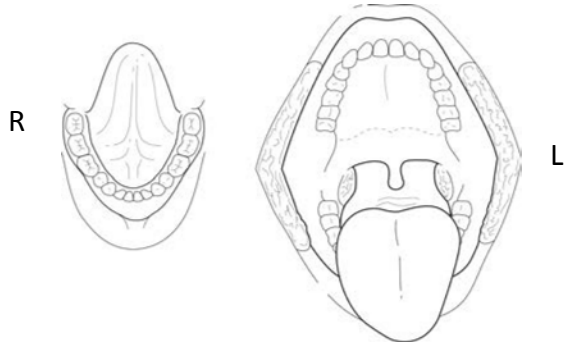
Refer To:
- ☐ No Preference (Specialty Dependent)
- ☐ Sean Edwards, DDS, MD, FRCD(C)
- ☐ Stephen Feinberg, DDS, MS, PhD
- ☐ Joseph Helman, DMD
- ☐ Brent Ward, DDS, MD
- ☐ Sharon Aronovich, DMD
- ☐ Christos A. Skouteris, DMD, PhD
- ☐ Amy Chin, DDS

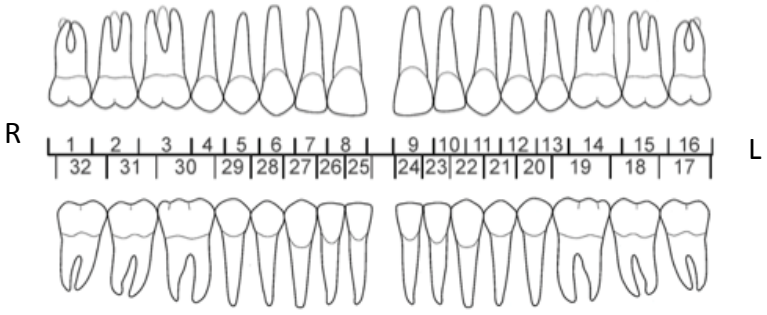
Referring Physician:
Name: _____
Telephone: _____
Fax: _____
Address: _____
City, State _____ ZIP_____
Specialty:
- ☐ Primary Care
- ☐ Oral Surgery
- ☐ Orthodontics
- ☐ Dentistry
- ☐ Other: _____

Patient Information:
Name: _____
Address: _____
City, State, ZIP: _____
Phone: _____
Gender: _____
Birthdate: _____
Reg # (UM): _____
Medical Insurance: _____
Dental Insurance: _____

Primary Care Physician
Name: _____
Telephone: _____
Fax: _____

Date of Occurrence: _____
Reason for Referral: _____
_____
_____





While type of insurance does not effect quality of care, your patient is responsible to know if he/she may be treated at our facility and if an insurance referral is needed from a primary care physician. If these guidelines are not followed, your patient may receive a bill for services rendered. The patient is able to contact member services located on his/her insurance card for more information. Payment for each visit is expected at the time of service for patients with no insurance, insurance coverage that does not pay for the type of treatment we render, and insurance policies we do not accept. We do not accept the following insurance: BCN Adv, HAP assigned to Henry Ford, DMC, Genesys, or county insurance other than Washtenaw.

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