

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.

Referring Physician:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City, State \_\_\_\_\_ ZIP \_\_\_\_\_

Specialty:

Primary Care

Oral Surgery

Orthodontics

Dentistry

Other: \_\_\_\_\_

Refer To:

No Preference (Specialty Dependent)

Sean Edwards, DDS, MD, FRCD(C)

Alex Abramson, DMD

Justine Moe, DDS, MD

Brent Ward, DDS, MD

Sharon Aronovich, DMD

Christos A. Skouteris, DMD, PhD

Primary Care Physician

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Patient Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_

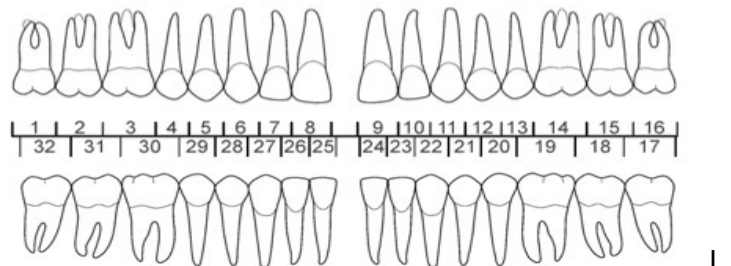
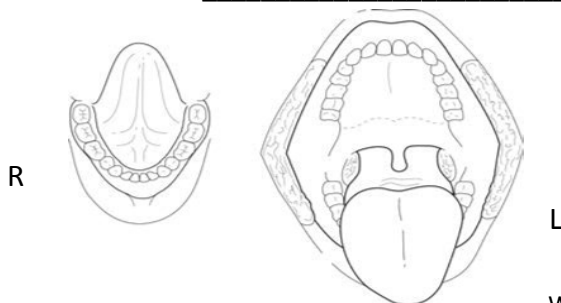
Reg # (UM): \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Dental Insurance: \_\_\_\_\_



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. Rev: 09262018 © 2018 Regents of the University of Michigan