



Oral & Maxillofacial Surgery Wisdom Tooth Clinic Referral

2 locations

University Hospital
1500 E. Medical Center Dr.
Med Inn, Room C213
Ann Arbor, MI 48109
Phone (734) 936-5955
Fax (734) 998-6285
oralsurg-hospdent@med.umich.edu

School of Dentistry
1011 N. University Ave. Ann
Arbor, MI 48109-1078
Phone (734) 764-1568
Fax (734) 615-8399
umomsdent@umich.edu

Thank you for your interest in referring a patient to the University of Michigan Oral & Maxillofacial Surgery Wisdom Tooth Clinic. Please complete **entire** form and fax the information below so that we can triage and most expeditiously provide care for your patient.

Patient

Patient Name _____ Birthdate _____

Address _____ Gender: Male Female

City _____ State _____ ZIP _____

Phone (Day) _____ Phone (Evening) _____

Type of Dental Insurance: _____ Dental Insurance Policy / ID #: _____

Is this policy: Medicaid? Yes No Healthy MI Plan? Yes No

Were x-rays taken? Check all that apply:

DATE TAKEN: _____

Panorex Full Mouth Series PA # _____ BW # _____ None

If possible, please send most recent digital panorex via email to oralsurg-hospdent@med.umich.edu.

Reason for Referring _____

Please indicate teeth requiring evaluation:



Referring Physician

Please print

Name _____ MD DDS OMFS Orthodontist

First Last

Telephone _____ Fax _____ NPI # _____

Address _____

City _____ State _____ ZIP _____ Today's Date _____