



Oral & Maxillofacial Surgery
Wisdom Tooth Clinic Referral

University Hospital
1500 E. Medical Center Drive
Med Inn Floor 2, Room C213
Ann Arbor, MI 48109-5018
Phone (734) 936-5955 Fax (734) 998-6285

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? Date Taken: _____ Check all that apply:
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

Today's Date: _____

Please print
Name _____ MD DDS OMFS Orthodontist
First Last
Phone: _____ Fax: _____ NPI #: _____
Address: _____ City: _____ State: _____ Zip: _____

While type of insurance does not affect 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 informatino. 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.