

PATIENT REFERAL FORM - PATHOLOGY

Introducing: _____

Appointment: _____

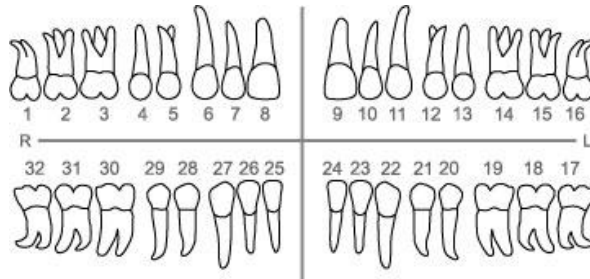
Referred by: _____

X-Ray Sent: With Patient By Mail

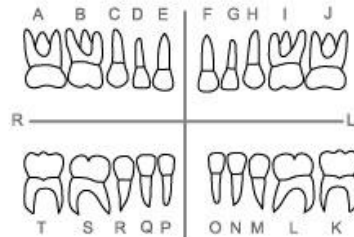
Anesthesia:

- Local Anesthesia
- IV Sedation
- General Anesthesia

Site:



Soft Tissue Location & Description:



Remarks:

Directions:

By Email:
frontdesk@fallonoralsurgery.com

By Fax:
1.315.453.0150

By Mail:
Fallon Oral Surgery of Syracuse
West Taft Medical Park
4820 West Taft Road
Liverpool, NY 13088