College of Dentistry
Department of Oral & Maxillofacial Surgery
1395 Center Drive, D1-56
Mailing: P.O. Box 100416
Gainesville, FL 32610-0416

Clinic: 352-273-6731
Clinic Fax: 352-392-6909
Finance & Insurance: 352-273-6725

REQUEST FOR CONSULTATION

Date of Referral: ______________ Reason for Referral: ______________

Referring to: (Circle one)

M. Franklin Dolwick, DMD, PhD | John H. Hardeman, MD, DDS | Danielle Freburg-Hoffmeister, DDS, MD

Clayton M. Hamrick, DMD, MD | Tyler J. Holley, DDS, MD | First Available

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Patient Name: ______________ DOB: ______________ M/F: ______________

Address: ______________ City, State: ______________ Zip : ______________

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Home Phone: ______________ Cell Phone: ______________ Guardian : ______________

If medical, please list referring diagnosis: ______________

If referring for extractions please indicate the teeth that need to be extracted. DO NOT state "All":

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 | ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16

☐ 32 ☐ 31 ☐ 30 ☐ 29 ☐ 28 ☐ 27 ☐ 26 ☐ 25 | ☐ 24 ☐ 23 ☐ 22 ☐ 21 ☐ 20 ☐ 19 ☐ 18 ☐ 17

☐ A ☐ B ☐ C ☐ D ☐ E | ☐ F ☐ G ☐ H ☐ I ☐ J

☐ T ☐ S ☐ R ☐ Q ☐ P | ☐ O ☐ N ☐ M ☐ L ☐ K

Radiographs Taken: No ___ Yes _____If yes, please email to: Xraysoralsurgery@dental.ufl.edu (Or have patient bring to appointment)

Referring Dr. ______________ Contact ______________

Address ______________ City, State ______________ Zip ______________

Phone ______________ Fax ______________

First Insurance ______________ Phone ______________

Policy holder name ______________ Policy Number ______________ Group # ______________

Relation to patient ______________ Authorization # ______________

Second Insurance ______________ Phone ______________

Policy holder name ______________ Policy Number ______________ Group # ______________

Relation to Patient ______________ Authorization # ______________

After completing this form, please mail or fax to our office. Please send all chart notes and diagnostic reports with referral. If you have any questions, please call us at 352-273-6731 or 352-273-6733.