

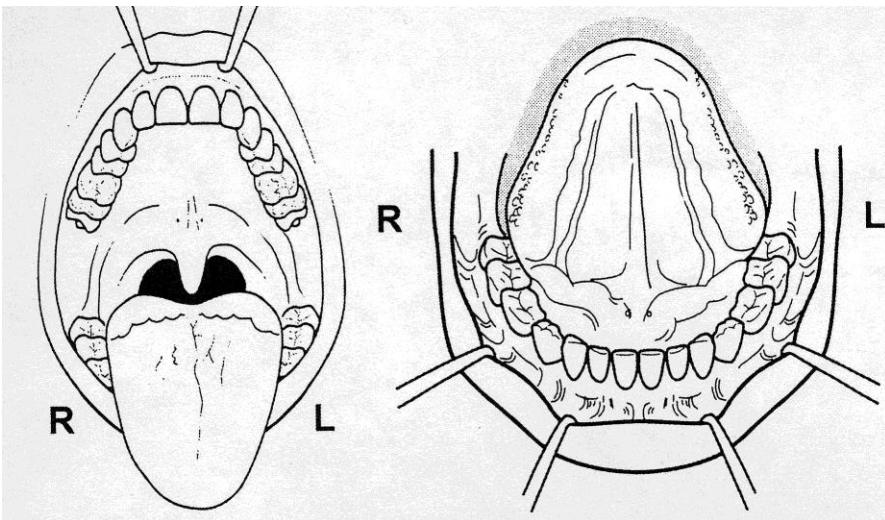
Oral Medicine Clinic

7703 Floyd Curl Drive San Antonio, TX 78229 210-567-3313

Patient name: _____ Date: _____

Phone: _____ DOB: _____

Reason for Referral:



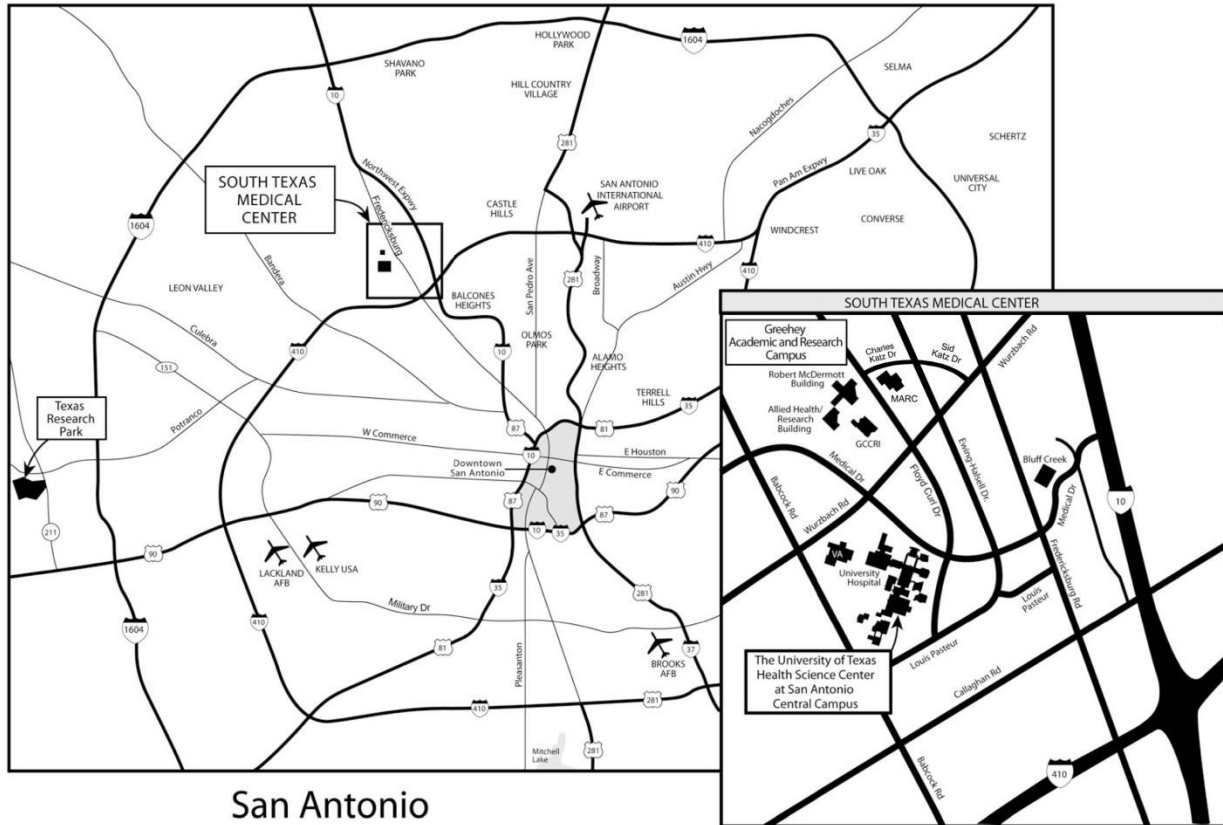
Referring Doctor:

Office Phone:

Please send completed referrals, digital photos/x-rays etc.: Fax: 210-567-0863

Email: OralMedicine@uthsca.edu

Visit us at: uthsca.edu/oral-medicine



San Antonio



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