

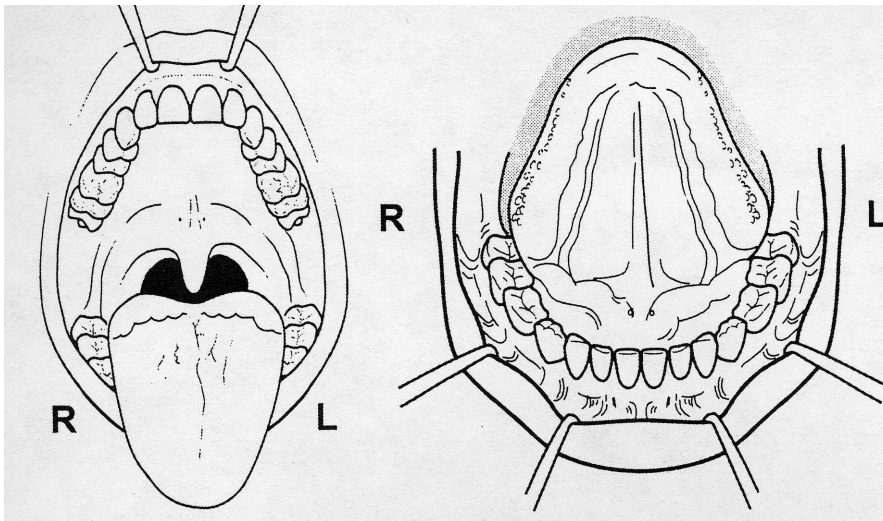
Oral Medicine Clinic

8210 Floyd Curl Drive San Antonio, TX 78229 210-450-3230

Patient name: _____ Date: _____

Phone: _____ DOB: _____

Reason for Referral:



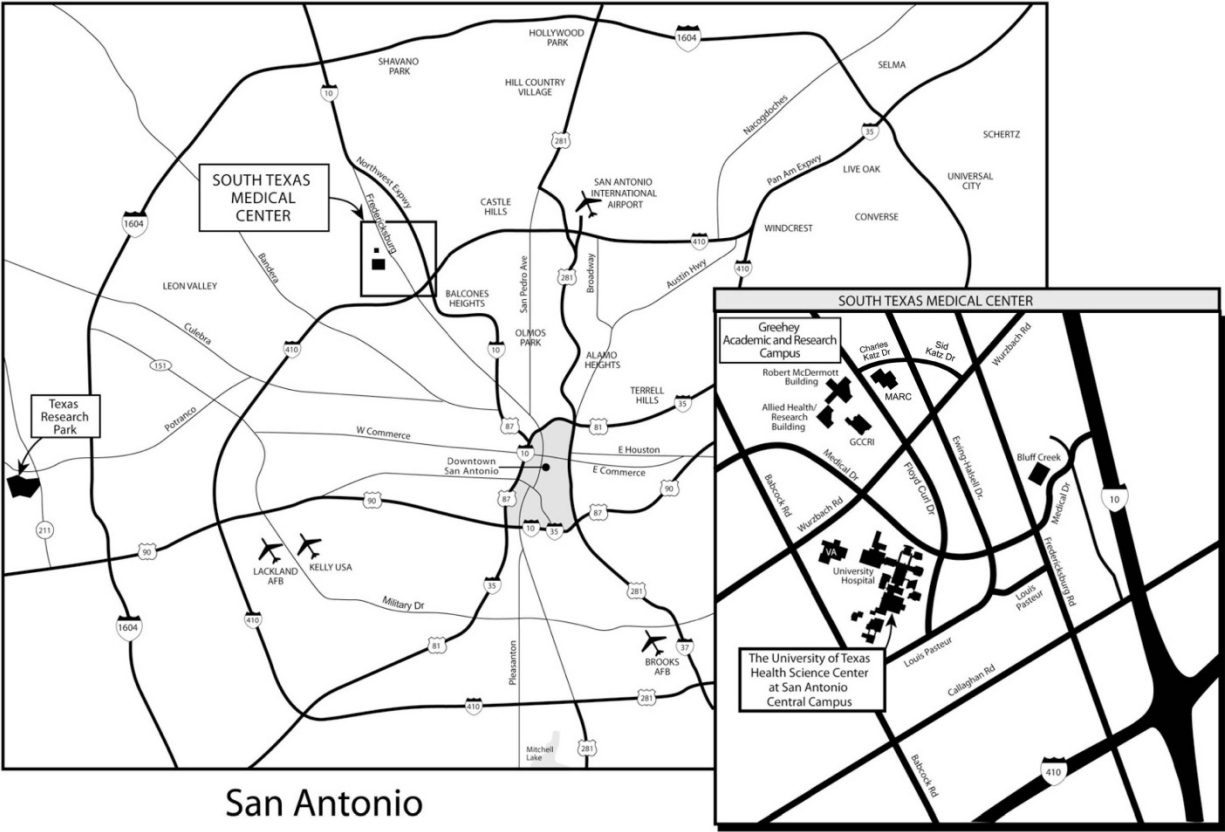
Referring Doctor:

Office Phone:

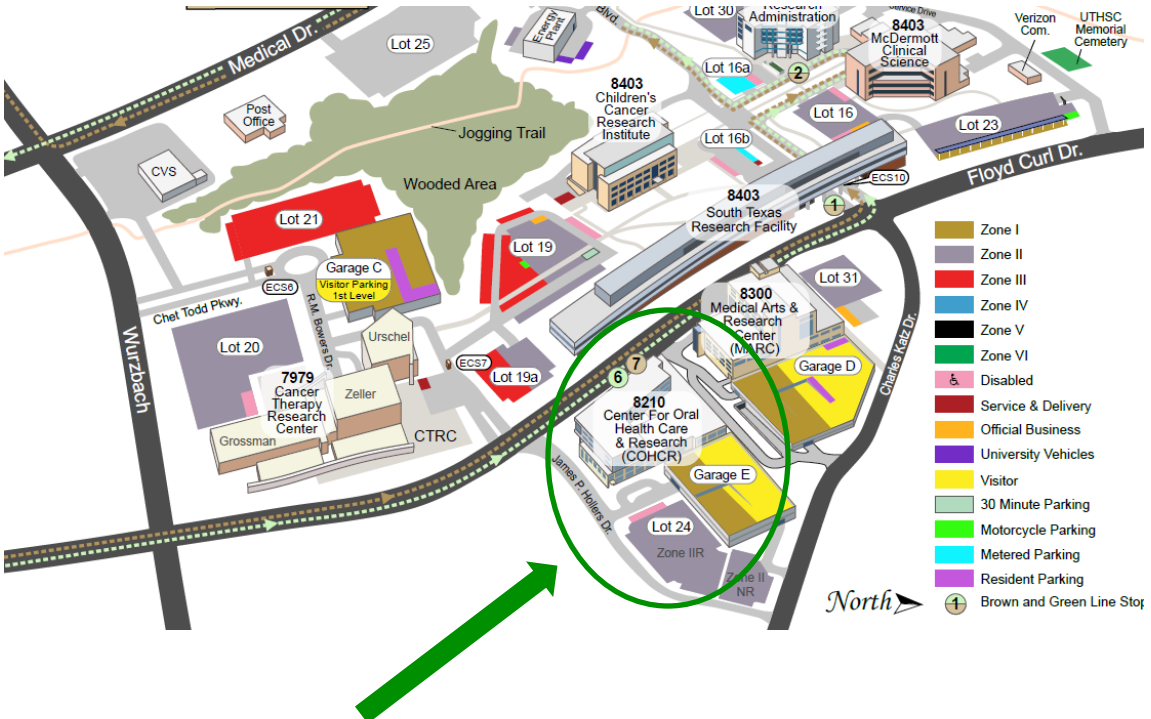
Please send completed referrals, digital photos/x-rays etc.: Fax: 210-450-2200

Email: OralMedicine@uthscsa.edu

Visit us at: utdentistry.org/oralmedicine



San Antonio



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