

UCSF *University of California San Francisco*

ORAL MEDICINE CLINICAL CENTER

Oral Medicine Clinic • Oral AIDS Center • Sjögren's Syndrome Clinic

513 Parnassus Avenue, ROOM S-722, San Francisco, CA 94143-0422

Phone: 415/476-2045 Fax: 415/514-2862

Referral Form

Referring Clinician Name: _____

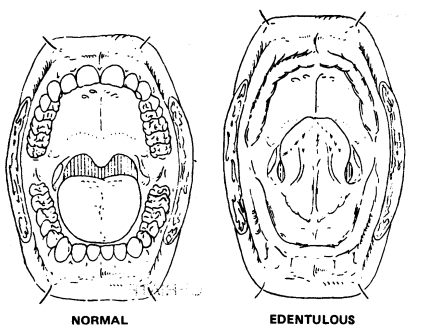
Phone #: _____ **Fax #:** _____

Patient Name: _____ **Phone #:** _____

Chief Complaint: _____

Oral Examination Findings (please briefly describe lesion character, color, and location. Use mouth diagram below if necessary)

Oral lesion location
(circle area on diagram)



Please attach any pertinent biopsy and/or clinical laboratory report, and radiographs, and ask patient to bring these documents and this form to his/her Oral Medicine appointment (you may also fax the documentation to 415/514-2862 prior to appointment. This fax machine is located in a secure area restricted to clinic personnel).

Signature of Referring Clinician: _____ **Date:** _____

Directions to the Oral Medicine Clinical Center from public parking garage

- Public parking for UCSF Medical Center accessible from Irving Street / 2nd Avenue
- Take public parking elevator to J – level
- Access Parnassus street level by stairs, or elevator located behind staircase
- Enter Medical Sciences Building at 513 Parnassus (across the street from the Library)
- Take the elevator on your right to the 7th floor
- Go down the hall to Room S-722