

Referral To Oral and Maxillofacial Pathology

Ohio ENT & Allergy Physicians

- ▣ 477 Cooper Road, Suite 480 Westerville, OH 43081
- ▣ 2526 London Groveport Rd. Grove City, OH 43123

Scheduling Phone: 614-273-2230; Fax: 614-233-2354

Email: referralteam@oenta.com

- ▣ Ashleigh Briody, DDS, MS
- ▣ Christel Haberland, DDS, MS
- ▣ First Available
 - Biopsy Requested
 - CO₂ Laser Ablation
 - Frenectomy



Patient Name: _____ DOB: _____

Patient Phone Number: _____

Medical Insurance Company: _____

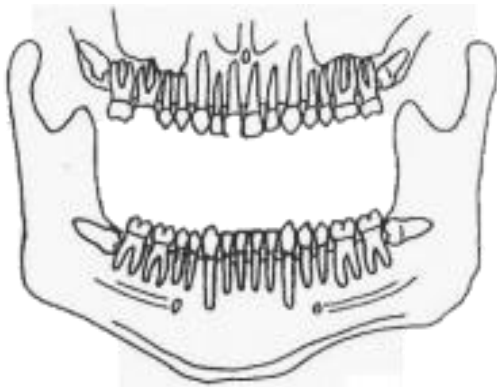
Reason For Referral/Clinical Symptoms & Duration:

Location:

Size:

Please provide all corresponding documents to referralteam@oenta.com

- Clinical photos provided
- Radiographs provided



Referring Physician: _____

Address: _____

Phone #: _____

Fax: _____