

Referral To Oral and Maxillofacial Pathology

OhioENT & Allergy

477 Cooper Road, Suite 480

Westerville, OH 43081

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



- Ashleigh Briody, DDS, MS
 - Biopsy Requested
 - CO2 Laser Ablation
 - Frenectomy
- Carl Allen, DDS, MSD
- First Available

Patient Name: _____ **DOB:** _____

Patient Phone Number: _____

Medical Insurance Company: _____

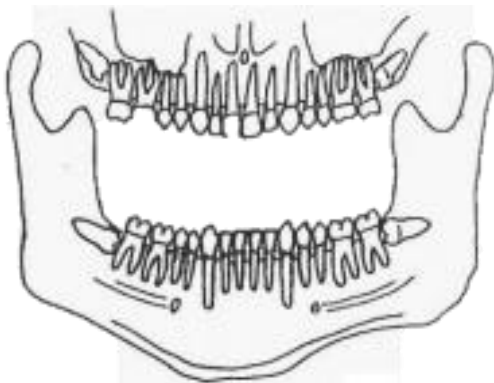
Reason For Referral/Clinical Symptoms & Duration:

Location:

Size:

Please provide all corresponding documents to AshleighBriody@oenta.com

- Clinical photos provided
- Radiographs provided



Referring Physician: _____

Address: _____

Phone #: _____ **Fax:** _____