

**Western University of Health Sciences Dental Center
Comprehensive Care Referral Form**

*Please complete the form and fax it to: (909)469-8650. Please contact the Dental Center for an appointment (909)706-3910
We must have this form BEFORE we can schedule the appointment. The cost of the appointment ranges from \$46.00-\$157.00.*

Today's Date: _____

Patient Name: _____

Patient Primary Telephone: _____ Other phone number: _____

Patient Date of Birth: _____

Please evaluate for Comprehensive Care:

Any other pertinent information:

Referring Dentist

Print Name of Referring Dentist: _____

Address: _____

Telephone: _____ Fax _____ Email: _____

Signature of Referring Dentist: _____