

**Western University Dental Center Referral Form**  
**Referral From:**

*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:**

**Periodontics:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prosthodontic**

**(Dentures/Partials):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Comprehensive Care:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Referring Dentist: \_\_\_\_\_