ORAL MEDICINE BIOPSY REFERRAL FORM

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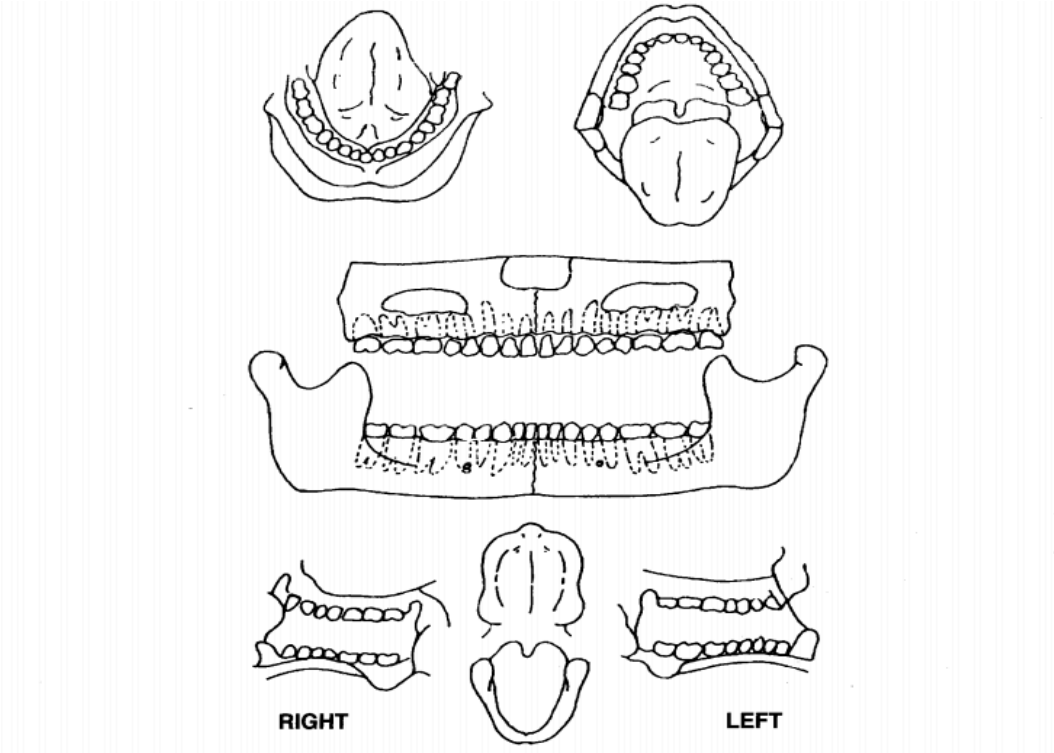
LOCATION OF LESION(S): _____



MEDICAL AND SOCIAL HISTORY:

_____
_____
_____

HISTORY, DURATION AND CLINICAL APPEARANCE OF LESION(S)

_____
_____

CLINICAL IMPRESSION:

_____
_____

REFERRING CLINICIAN: _____
PHONE # _____ FAX # _____