

UCSF *University of California San Francisco*

SOL SILVERMAN ORAL MEDICINE CLINIC

513 Parnassus Avenue, ROOM S722, San Francisco, CA 94143-0422

Phone: 415/476-2045 Fax: 415/514-2862

Referral Form

Referring Clinician Name: _____

Phone #: _____ Fax #: _____

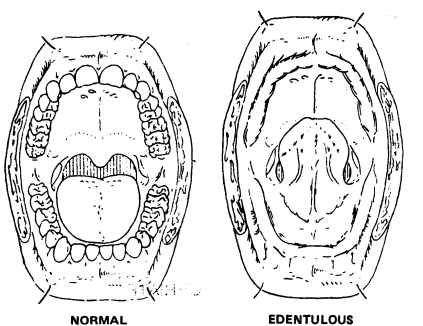
Patient Name: _____ Phone #: _____

Chief Complaint: _____

Oral Examination Findings (please briefly describe lesion character, color, and location. Use mouth diagram below if necessary)

Oral lesion location

(circle area on diagram)



Please attach any pertinent biopsy and/or clinical laboratory report, and radiographs, and ask patient to bring these documents and this form to his/her Oral Medicine appointment (you may also fax the documentation to 415/514-2862 prior to appointment. This fax machine is located in a secure area restricted to clinic personnel).

Signature of Referring Clinician: _____ Date: _____

Directions to the Sol Silverman Oral Medicine Clinic from public parking garage

- Public parking for UCSF Medical Center accessible from Irving Street / 2nd Avenue
- Take public parking elevator to J – level
- Access Parnassus street level by stairs, or elevator located behind staircase
- Enter Clinical Sciences Building at 521 Parnassus (across the street from the Library)
- Take the elevator on your right to the Seventh floor
- Make a right out of the elevator and go down the hall to Room S722 (on left)