



Oral and Maxillofacial Radiology Consult Form

Case Faculty Practice
 Oral and Maxillofacial Radiology
 Radiologist: 216-368-6802
 Fax: 216-368-3627
 Email: radiologist@case.edu
 Web: <http://dental.case.edu/ommds/clinic/>

School of Dental Medicine
 10900 Euclid Avenue
 Cleveland, OH-44106-4905

Referring Doctor's		Patient's Information	
Practice Name :		Name:	
Address:		Date of Birth:	
City:			
State:	Zip:	Age:	Sex:
Phone:		Study Date:	Study:
Fax:		Previous Study:	
Email:			

Pertinent Medical History:

Region of Interest/ Clinical Indication:

Clinical Information (Signs, symptoms):

Clinical diagnosis:

Any Specific questions to be answered in this study:

I have obtained authorization from the patient to release medical and dental information to Dr. Ali Syed for the purpose of consultation.

Doctor:

Specialization:

Signature:

Date:

For radiology consults (payments): 216-368-0492