

Oral Cancer Examination Physician Referral

Mr./Ms./Mrs. _____ was seen in our office for a dental exam. As part of the general appraisal of all patients, we completed an extraoral and intraoral examination. Our assessment revealed an area we believe warrants further evaluation. Please see the information provided below:

Location:

Description:

- Digital Image/Radiograph is attached.
- Clinical Image is attached.

From the office of:

Dr. _____

Address: _____

Phone Number: _____

Please call our office if you have any questions or need more information.