

The Ohio State University College of Dentistry

ORAL AND MAXILLOFACIAL SURGERY REFERRAL

SURGEON REQUEST:

PATIENT INFORMATION:

Dr. Hany Emam, BDS MS FACS
 Dr. Courtney Jatana, DDS MS FACS
 Dr. Kelly Kennedy, DDS MS FACS
 First available

Name:
 DOB:
 Address:
 Phone:
 Gender:

REFERRING DOCTOR INFORMATION:

INSURANCE INFORMATION:

Name:
 Practice:
 Phone:
 Date:
 Email (preferred communication)
 Doctor Signature:

Dental:
 Medical:

PROCEDURE AND CONSULTATION INFORMATION:

Alveoloplasty Extraction(s) (click **square** in chart) Ridge Augmentation TMJ
 Alveolar bone graft Frenectomy Soft tissue procedure Other
 Biopsy Orthognathic evaluation Trauma
 Expose and bond Pre-prosthetic Implant (***list teeth:***)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
A	B	C	D	E	F	G	H	I	J						
T	S	R	Q	P	O	N	M	L	K						

PLEASE DESCRIBE ANY CLINICAL, RADIOGRAPHIC, AND/OR PERTINENT FINDINGS (AS NEEDED):

IMPORTANT MEDICAL FINDINGS

MISSING OR INCORRECT INFORMATION WILL DELAY AND/OR RESULT IN DECLINE OF REFERRAL

No findings (ASA I) Diabetes Liver disease Medications: Other:
 Asthma Disability Mental health Anti-resorptive
 BMI > 34.9 Epilepsy Obstructive sleep apnea Blood thinners
 Cardiovascular disease Hypertension Wheelchair Cancer therapy
 COPD Kidney disease

RADIOGRAPHS: MUST BE <12 MONTHS OR NEW FILM WILL BE TAKEN AT PATIENT'S EXPENSE

Mailed or emailed Given to patient Please take new radiograph

PRACTICE MISSION & FINANCIAL STATEMENT

You are referring to the **private practice** of the oral and maxillofacial surgeons at The Ohio State University College of Dentistry. All faculty are board certified and have the highest level of training and expertise to provide modern and safe care for your patient. We appreciate your trust in our team. Due to high volume of referrals, the division reserves the right to dictate case selection based on resources and surgical complexity.

Please note we accept the following insurances. Out of network fees and out of pocket costs will incur as applicable:

Dental: Delta Dental, BCMH, Ohio Medicaid (No HMO plans), Cigna PPO, VA, and Ohio BWC

Medical: Ohio Medicaid, BCMH, CGS Medicare, OSU Health Plan (NGS-Trustmark), OSUSHI, Ohio PPO, VA, and Ohio BWC

REFERRAL STATUS AND PATIENT CONTACT

Once the referral is received, please allow 7 business days for a response. Our staff will call your patient if accepted. The referring dentist will be notified directly (preferred email) for any referral we cannot accept at this time. Please avoid using the OMS phone line for referral status updates as this affects active patient care communication. We appreciate your understanding!
 Please email referral to : OMFSrecords@osu.edu