

Oral Pathology Care Referral Form

Please fax or email the completed form

Fax: 402-280-5013

Email: dentalxray@creighton.edu

To send your referral's radiographic images, mail to the address above,
ATTN: Dental XRays, Creighton Dental Clinic, or visit our website
dentistry.creighton.edu/patients/referrals-and-consultations and follow
the instructions.

Patient Name:

Patient Date of Birth:

Patient Home Phone:

Patient Email:

Patient Address:

Reason for Referral:

Referring Doctor:

Business Phone:

Business Fax:

Business Email:

Business Address: