



AMADEO VALDEZ, DDS, MAS
Oral Medicine Referral Form

Patient: _____ Date: _____

Appointment Date: _____ Appointment Time: _____

Referred by: _____

REASONS FOR REFERRAL

- Oral Lesion
- Facial Pain
- Biopsy
- Pre/Post Cancer Treatment Evaluation
- Sjögrens Syndrome Work-up
- Burning Mouth
- Dry Mouth
- Other: _____

IMAGING STATUS

- FMX
- Panorex
- Bitewings
- CT Scan
- Clinical Pictures
- Patient will bring
- We will email/mail
- Please take your own

REMARKS

MAHEC Dental Health Center

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