

Department of Oral Medicine  
Oral Medicine Clinical Services (OMCS)

## Referral Form

Please fax the completed referral form (See Clinic Fax #s below)

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Patient's Name (Last, First, M.):

Patient's Date of Birth:

Patient's Address (Line 1):

Patient's Address (Line 2):

Patient's Address (Line 3):

Patient's Home Phone:

Presenting Complaint:

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Referring Doctor's Name (Last, First):

Business Name:

Business Phone:

Referring Doctor's Address (Line 1):

Address (Line 2):

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**UW Oral Medicine Clinical Contact Information:**

UW Oral Medicine Clinical Services (OMCS)

UW Seattle Cancer Care Alliance (SCCA)

**Location:**

Health Sciences Bldg., Room B221 (206) 685-2937 (206) 616-8577

825 Eastlake Ave. E., Room G6900 (206) 606-1333 (206) 606-1332

**Main Line:**

**Fax:**

**Faculty Practitioners:**

Dr. Mark Drangsholt, OMCS/Ctr Pain Relief

Dr. Jasmine Olson, OMCS/Otolaryngology

Dr. Lalita Angkanawaraphan, OMCS

Dr. Cameron Randel, OMCS

Dr. David Dean, OMCS/SCCA

Dr. Rania Abasaeed, OMCS/SCCA

Dr. Jacqueline Wong, OMCS

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