

Referral Form: Evaluation of Oral Soft Tissue Lesion

Patient's Name: _____ **Date of Referral:** _____

Referral to:

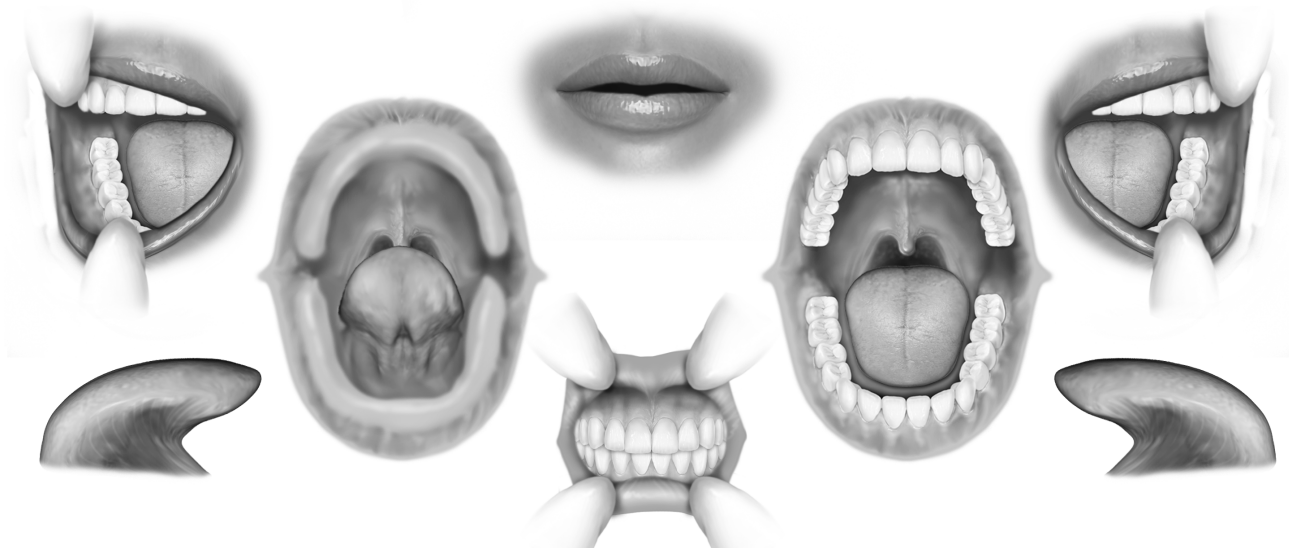
General Dentist _____ Phone: _____

Oral Surgeon _____ Phone: _____

Oral Pathologist _____ Phone: _____

Otolaryngologist _____ Phone: _____

Location of lesion (please circle):



When was the lesion first noticed? _____

Has there been a change in the size or appearance? _____

Signs and symptoms reported by the patient:

- ☐ White and/or red patches in the mouth
- ☐ Mouth sore that bleeds readily and does not heal within two weeks
- ☐ Bleeding in the mouth
- ☐ A lump or thickening in the mouth
- ☐ Pain or tenderness; numbness of lips, tongue, jaws or teeth
- ☐ Difficulty or pain on swallowing
- ☐ A feeling of a lump in the throat
- ☐ Dentures no longer fit
- ☐ Neck swelling
- ☐ Change in voice, including hoarseness or a "hot potato" voice
- ☐ Chronic sore throat
- ☐ Ear pain
- ☐ Difficulty opening the mouth wide (trismus)
- ☐ Difficulty in chewing food, moving the tongue or talking
- ☐ A crusty, roughened area on the lips that does not heal

Additional information:

Name of referring healthcare provider: _____

Phone: _____