Oral Pathology Diagnostic Services

Ph: (800) 955-4765 Fax: (858) 771-3105

Clinical Consultation Request

Patient Name:_____ Date: _____

Phone: _____

DOB: _____ Sex: ☐ Male ☐ Female

Chief Complaint: _____

History of Present Condition:

Referring Doctor: _____ Ph#: _____

Email: OPDSdiagnosis@gmail.com Fax: (858) 771-3105