Oral Medicine Referral - OMC Dental

DENVER HEALTH
est. 1860
FOR LIFE'S JOURNEY

Referrals can be sent via fax to 303-602-8206, email to Mayra.JuarezRios@dhha.org, or via EpicCare Link (see link below).

*Referred patients will be contacted to schedule, but can reach the clinic at 303-602-8200. Calls to central scheduling should be forwarded to this number. If patients have scheduling difficulties, please call the **referral coordinator at 303-602-8204** or email Mayra.JuarezRios@dhha.org.*

Please complete highlighted referring provider information so that a referral report can be sent—referral reports cannot be sent without this information. All reports will be sent via fax.

Patient Information	Referral Information
Name (First, Middle, Last) Sex: ☐ Male ☐ Female	Priority: Routine ☐ Urgent ☐ (call after submitting) Elective ☐
If child, name of parent:	If Urgent, please describe:
Date of Birth:	Diagnosis and/or ICD 10:
Phone # Secondary Contact #	Clinic / Specialty Requested: Oral Medicine
Address	Clinical Question:
City Zip Code State	
Interpreter Needed? Yes ☐ No ☐ Preferred Language:	☐ Consultation ☐ Co-Management Shared Care ☐ Co-Management Principle Care ☐ Complete Transfer ☐ Procedure

Insurance Information:

Insurance Carrier:	Member ID:
	Subscriber Name:

Referring Provider Information

Referring Provider Name	Phone
Practice Name	Fax
Practice Address	Email
Practice City/State/Zip Code	NPI #
PCP Name	PCP Phone

Additional Documentation Included

☐ Relevant Clinical Notes (History & Physical, Imaging and Lab results)

EpicCare Link
Send and manage referrals online

https://epiccarelink.denverhealth.org