UCONN HEALTH

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Oral Pathology Clinical Consultation Service Request Form

Ellen Eisenberg, DMD
Professor and Section Chair, Oral & Maxillofacial Pathology
CT License Number: 00545; NPI # 1013913367

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Associate Professor, Oral & Maxillofacial Pathology
CT License Number: 009509; NPI # 1548473523

For appointments please send the completed form to Rosetta McKinney at the "Section of Oral and Maxillofacial Pathology":
Fax: 860-679-3765
Email: rmckinney@uchc.edu

Date:		**Patient gives permission to release information (Y/N)**	

Referring Physician Office/Clinic				**Patient Information (all fields required)**				
Name:				**Patient Name:**				
Address:				**D.O.B.**				
City:				**Address:**				
State:		**Zip**		**City:**		**State**		**Zip**
Phone:				**Phone:**				
Fax:				**Med Insurance:**				
License #				**Ins. #**				
NPI#				**Group #:**				
# of pages faxed				**Insured's Name:**				
Physician Signature								

Please fax a copy of medical insurance cards if available

Referring Physician – Clinical History and Diagnostic Impression:

Urgent? (Please check Yes or No)	**YES**		**NO**	