



## Clinical Oral Pathology Consultation Request Form

**Tel:** (860) 679 3170  
**Fax:** (860) 679 3201  
**Email:** [universitydentists@uchc.edu](mailto:universitydentists@uchc.edu)

**Easwar Natarajan, BDS, DMSc**  
Professor, Oral Pathology  
NPI# 1548473523

**Jenna Ward, DMD**  
Assistant Professor, Oral Pathology  
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**Ellen Eisenberg, DMD, FICD**  
Professor Emerita, Oral Pathology  
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**For appointments, please fax or email the completed form directed to "UConn Oral Pathology"**

**Fax: (860) 679 3201**

**Email: [universitydentists@uchc.edu](mailto:universitydentists@uchc.edu)**

**Date:**

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

Referring Provider's Office/ Clinic		Patient Information (all fields required)	
Provider:		Patient Name:	
Address:		Address:	
Address:		City:	Zip:
City:	Zip:	Phone:	
State:		Med. Insurance:	
Fax:		Insurance #:	
Phone:		Group #:	
Email:		Insured's Name:	

**Physician Signature**

**Please provide (fax or email) a copy of the patient's medical insurance cards if available**

**Referring Provider – Clinical History and Diagnostic Impression.**

**Urgent? Please indicate "Yes" or "No"**

**YES**

**NO**