

REFERRAL FOR HOSPITAL TREATMENT

Steven G. Berwitz, DMD

General, Cosmetic and Hospital Dentistry

7 Oglethorpe Professional Blvd., Suite 2

Savannah, GA 31406

Phone: 912.355.5004 • Fax: 912.525.1973

info@stevenberwitzdmd.com

DATE _____

REFERRING DR. _____

PHONE _____ EMAIL _____

This will introduce my patient,

NAME _____ PHONE _____

Case history forwarded:

Electronically

Via Mail

Radiographs forwarded:

Electronically (DEXIS preferred) Via Mail

Remarks:
