

Oral and Maxillofacial Surgery Group Practice Patient Referral Form

Please fax form to:

Dr. Hussam Batal- Batalos@bu.edu
Dr. Radhika Chigurupati- Chigos@bu.edu
Dr. Pushkar Mehra- Mehraos@bu.edu
Dr. John Tannyhill- Tannyos@bu.edu

All other Providers (617) 358-8776

Boston University Oral Surgery Group Practice
635 Albany Street, Suite 446
Boston, MA 02118
Phone: (617) 414-4046

Patient Name: _____ Tel: _____

DOB: _____

Referred by: _____ Tel: _____

Patient address: _____

City _____ State _____ Zip Code _____

Health Insurance:

Medical _____

Policy # _____
Dental _____

Policy # _____

Referred to (Check preferences):

- Hussam Batal, DMD Andrew Henry, DMD, MD John Tannyhill, DDS, MD, FACS
 Radhika Chigurupati, DMD, MS Pushkar Mehra, DMD, MS, FACS Kelly Sayre, DMD, MD
 Marcus Couey, DDS, MD

