



Dr. Caroline Michaels
3535 Fishinger Rd. Suite 262
Hilliard, OH 43026
CapitalOralPathology.com
(614) 503-0745 (m)
(614) 503-0747 (f)

Patient Name: _____ Patient Phone: _____

Referring Clinician: _____ Date of Referral: _____

Brief Description of Lesion(s): _____

Location of Soft Tissue Lesion(s) - Please Indicate:

Location of Radiographic Lesion(s) - Please Indicate:

