University of California
San Francisco
UCSF
Fresno Medical Education Program
ORAL & MAXILLOFACIAL SURGERY

GEORGE M. ZAKHARY DDS, MD. INC.
North Medical Plaza
215 N Fresno St, Suite 490 * Fresno, CA 93701
Phone: (559) 459-4101 * Fax: (559) 459-5744

CLEFT AND CRANIOFACIAL TEAM REFERRAL

Date: _____

Patient's Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Home Phone Number: _____ Work/Cell/Other: _____

Appointment: _____ at _____ _____
Date Time Primary Language

Referring Provider (full name please): _____

Address & Zip Code: _____

*** Referring Provider NPI (REQUIRED): _____ ***

Referring Provider Fax #: _____ Office #: _____

Office e-mail: _____

Craniofacial Concerns

☐ Cleft lip/palate ☐ Craniosynostosis

☐ Neck or facial mass/lesion ☐ Positional Plagiocephaly

☐ Velopharyngeal Insufficiency (speech disorder)

☐ Other congenital anomaly_____

☐ Other traumatic anomaly_____

Craniofacial Orthognathic Concerns

☐ Malocclusion ☐ Jaw deformity or other problems

Facial Fractures – injury date: _____

☐ Nose ☐ Orbit ☐ Jaws ☐ Other_____

INSURANCE COVERAGE: Please include copies of ALL billing information

Dental Coverage: ☐ Yes ☐ No *** Medical Coverage: ☐ Yes ☐ No
If yes, please fax copy of ALL Insurance information to: (559) 459-5744