



Tel: 310-978-4970

Chad Sila, M.D.

Fax: 310-978-8668

Date: _____

Patient Name: _____

DOB: _____

Home Phone: _____

Other Phone: _____

Insurance: _____

Secondary: _____

Diagnosis/Clinical: _____

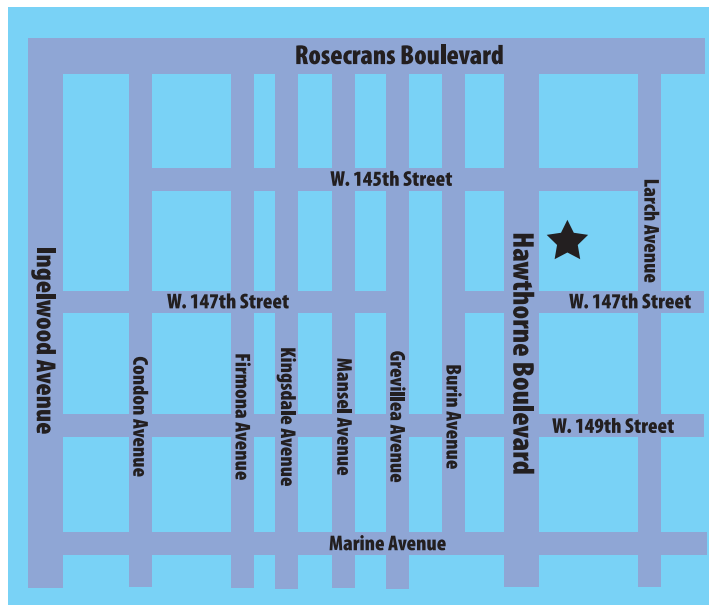
Referring Physician: _____

Phone: _____

Appointment Date: _____

Appointment Time: _____ **AM PM**

Please fax the following patient information: Physician Notes / Pathology / Labs / Diagnostic Reports



**14608 Hawthorne Boulevard Lawndale CA 90260
Behind Pacific Blue Dental
Free Parking**

Additional Notes: _____

