



CRANIOFACIAL AND CLEFT PALATE CENTER
173 ASHLEY AVENUE
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Ph (843) 792-3251
FAX (843) 792-3212

Dear Referring Physician / Clinician / CRS Coordinator

Thank you very much for your interest in referring your patient / child to the MUSC Craniofacial Anomalies and Cleft Lip and Palate Clinic. We will need the following information before the patient can be scheduled:

Demographic:

* Name _____

* MUSC medical record number (if known) _____

* Name of parent / guardian _____

* Address

* Date of birth _____

* Current mailing address

* Current phone number (home and work number)

* Emergency contact person and phone number

* Insurance company or Medicaid #

Patient medical information - perinatal, past medical and surgical history

Diagnosis / reason for referral

Name / address / telephone of referring physician

We will contact your patient from the address and telephone provided above and he / she will be scheduled on the next available clinic. Our clinics are the third Tuesday of every month. However, in an emergency, we will be happy to arrange consultations with key members of our team.

If you have any questions, please contact Ms. Sherry Cannon

Our phone number is (843) 792-3251. Long distance please dial (800) 424-MUSC ext 2-3251.
The fax number is (843) 792-3212. Thank you.

Carlos F. Salinas, DMD
Director
MUSC Craniofacial Anomalies
and Cleft Lip and Palate Team

Sherry Cannon
Clinical Coordinator
MUSC Craniofacial Anomalies
and Cleft Lip and Palate Team