

Clinic: 901-448-7180 Fax: 901-448-1294 Office: 901-448-6930 Web: www.uthsc.edu/dentistry/Grad/Pros/

# **REFERRAL FORM**

### **General Information**

Date:	Patient's Name:
Patient's DoB:	Patient's Phone:
Referring Doc:	Doc'sPhone:

# **Referred for the Following**

- Complete dentures
- Removable partial dentures
- □ Crowns (ceramic, PFM, gold)
- Fixed partial dentures
- □ Complete mouth rehabilitation
- □ Restoration of severe tooth wear
- Ceramic or porcelain veneers
- □ Bleaching
- CAD-CAM dental restorations

- □ CT diagnostic imaging and 3-D planning
- Implant placement and bone grafting
- Implant supported crowns
- □ Implant supported fixed partial dentures
- □ Implant supported full-arch "fixed" bridges □ Oral bruxism guards
- Implant support removable dentures
- □ Comprehensive esthetic diagnosis □ Management of existing dental implants
  - Repair of existing implant restorations
  - Restoration of teeth following trauma
  - Restoration of congenitally missing teeth

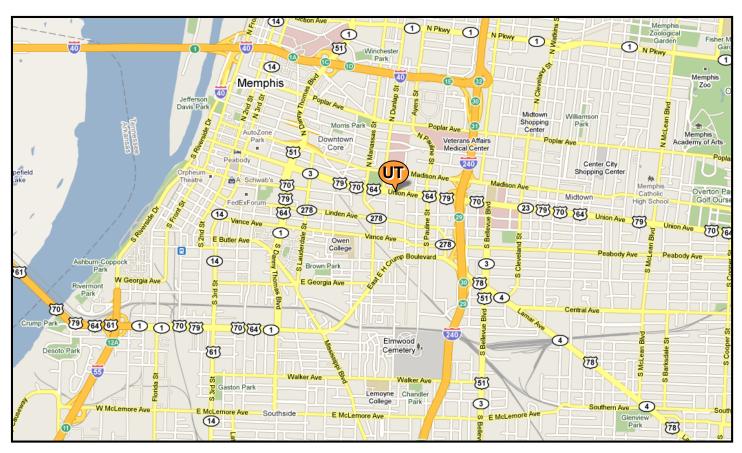
#### Radiographs

- Being mailed to UT (address above)
- Existing radiographs given to patient
- No current radiographs available
- Make any necessary radiographs

## Medical/Dental History & Existing Conditions

- Management of TMJ problems
- Management of occlusal problems
- Head and neck cancer screening
- Oral appliances for sleep apnea
- □ Sports protective mouth guards





**UT The Advanced Prosthodontics Clinic** UT Health Science Center, College of Dentistry 5<sup>th</sup> Floor, Winfield C. Dunn Dental Building 875 Union Avenue Memphis, TN 38163