



UTHSC College of Dentistry—Advanced Education in General Dentistry Clinic
3rd Floor, Dunn Dental Building
875 Union Ave, Memphis, TN 38163
Tel: 901-448-2343 Fax: 901-448-1556 email: smufti@uthsc.edu

AEGD Clinic Referral

Patient Details:
Name (last, first): _____
AxiUm Chart #: _____
Phone #: _____
Short Notice: <input type="checkbox"/> Yes <input type="checkbox"/> No

Referring Provider (responsible for care)
Resident Dr. (last, first) _____
Resident Dr. Cell Phone _____
AEGD Director _____
Director Signature _____

Patient Referred for:

Received: _____ Appointment Date: _____ Time: _____ Appointed by: _____ To Resident: _____