

# **The Advanced Prosthodontics Clinic**

University of Tennessee Health Science Center  
College of Dentistry  
5th Floor, Winfield C. Dunn Dental Building  
875 Union Avenue  
Memphis, TN 38163



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Clinic: 901-448-7180 Fax: 901-448-1294 Office: 901-448-6930 Web: [www.uthsc.edu/dentistry/Grad/Pros/](http://www.uthsc.edu/dentistry/Grad/Pros/)

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## **REFERRAL FORM**

### **General Information**

Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

Patient's DoB: \_\_\_\_\_ Patient's Phone: \_\_\_\_\_

Referring Doc: \_\_\_\_\_ Doc's Phone: \_\_\_\_\_

### **Referred for the Following**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Complete dentures                | <input type="checkbox"/> CT diagnostic imaging and 3-D planning      | <input type="checkbox"/> Management of TMJ problems      |
| <input type="checkbox"/> Removable partial dentures       | <input type="checkbox"/> Implant placement and bone grafting         | <input type="checkbox"/> Management of occlusal problems |
| <input type="checkbox"/> Crowns (ceramic, PFM, gold)      | <input type="checkbox"/> Implant supported crowns                    | <input type="checkbox"/> Head and neck cancer screening  |
| <input type="checkbox"/> Fixed partial dentures           | <input type="checkbox"/> Implant supported fixed partial dentures    | <input type="checkbox"/> Oral appliances for sleep apnea |
| <input type="checkbox"/> Complete mouth rehabilitation    | <input type="checkbox"/> Implant supported full-arch "fixed" bridges | <input type="checkbox"/> Oral bruxism guards             |
| <input type="checkbox"/> Restoration of severe tooth wear | <input type="checkbox"/> Implant support removable dentures          | <input type="checkbox"/> Sports protective mouth guards  |
| <input type="checkbox"/> Comprehensive esthetic diagnosis | <input type="checkbox"/> Management of existing dental implants      |  |
| <input type="checkbox"/> Ceramic or porcelain veneers     | <input type="checkbox"/> Repair of existing implant restorations     |  |
| <input type="checkbox"/> Bleaching                        | <input type="checkbox"/> Restoration of teeth following trauma       |  |
| <input type="checkbox"/> CAD-CAM dental restorations      | <input type="checkbox"/> 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**

