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: | Referring Provider (responsible for care) |
|---|---|
| Name (last, first): _____ | Resident Dr. (last, first) _____ |
| AxiUm Chart #: _____ | Resident Dr. Cell Phone _____ |
| Phone #: _____ | AEGD Director _____ |
| Short Notice: ☐ Yes ☐ No | Director Signature _____ |

Patient Referred for:

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