



Graduate Periodontics Clinic

Patient Name

Name (LAST, first) _____
 Date of birth _____
 Phone _____

Referring Practitioner

Dr. (LAST, first) _____
 Work phone _____
 Contact person _____
 email _____

Clinic: 901-448-6542 – Office: 901-448-6242 – Fax: 901-448-3359 – web: www.uthsc.edu/dentistry/Grad/Perio

REFERRAL EMAIL ADDRESS: periopg@uthsc.edu

Referred for the following:

- | | |
|---|---|
| <input type="checkbox"/> Comprehensive periodontal exam | <input type="checkbox"/> Implant placement and bone grafting |
| <input type="checkbox"/> Specific periodontal exam | <input type="checkbox"/> Sinus elevation surgeries |
| <input type="checkbox"/> Osseous/pocket reduction surgery | <input type="checkbox"/> Implant for fixed partial dentures |
| <input type="checkbox"/> Canine uncover | <input type="checkbox"/> All on 4 implants |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Implants for full-arch 'fixed' bridges |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Implants for removable dentures |
| <input type="checkbox"/> Preprosthetic surgery | <input type="checkbox"/> Management of peri implantitis |
| <input type="checkbox"/> Crown lengthening | <input type="checkbox"/> IV conscious sedation |
| <input type="checkbox"/> CT diagnostic imaging and 3-D planning | |

Radiographs (PREFER emailed with referral)

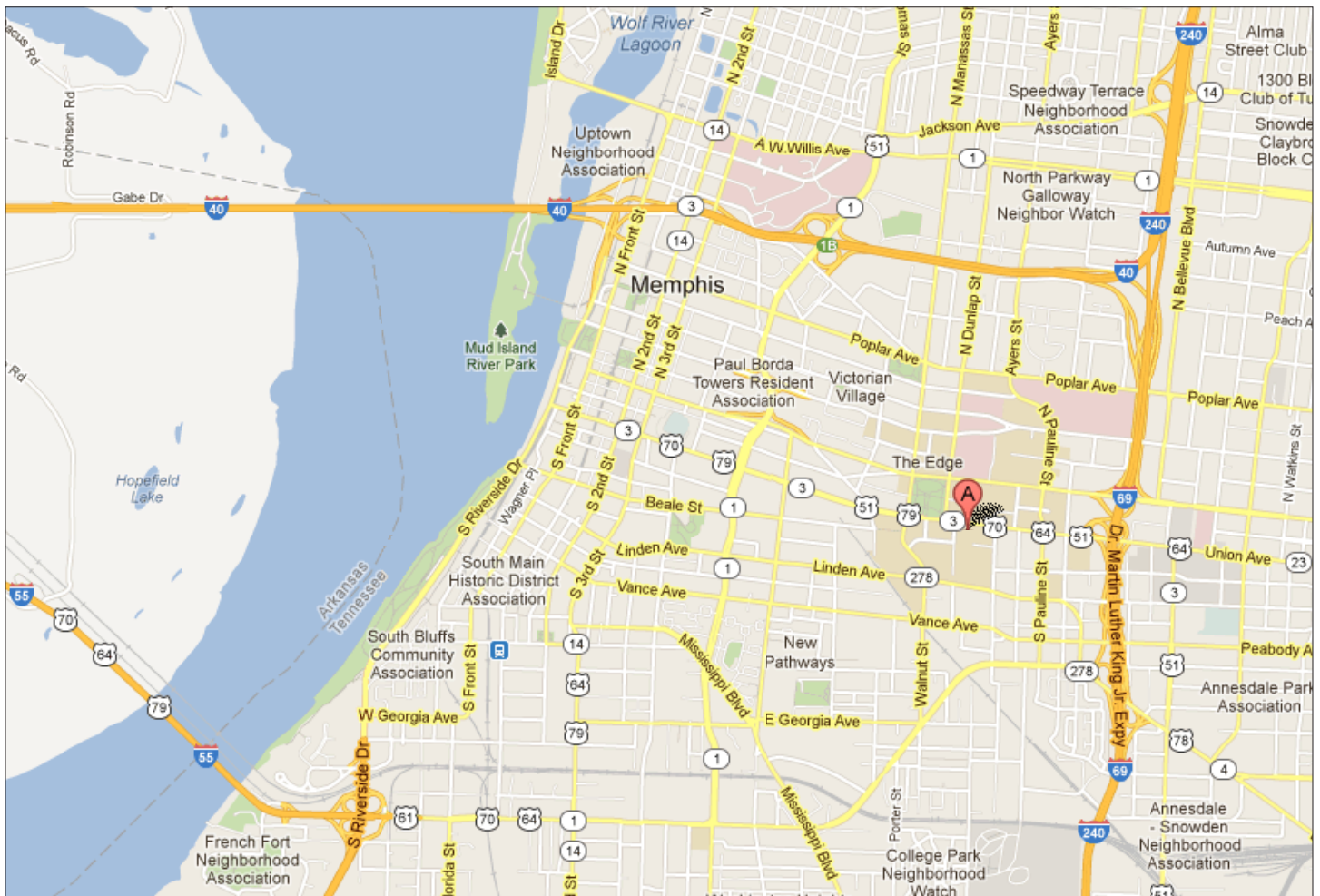
DO send a Panorex or FMX. **DO NOT** send multiple bitewings, etc.

- | | |
|---|---|
| <input type="checkbox"/> Will be mailed to UT (address on back) | <input type="checkbox"/> No current radiographs available |
| <input type="checkbox"/> Existing radiographs given to patient | <input type="checkbox"/> Make any necessary radiographs |

Medical/Dental History & Existing Conditions:

General Patient and/or Referral Comments:

Map to Postgraduate Periodontics Clinic



UTHSC College of Dentistry

Advanced Specialty Education Program in Periodontics

5th floor, Dunn Dental Building 875 Union Avenue Memphis TN
38163

Tel: 901-448-6242

Fax: 901-448-3359

email: periopg@uthsc.edu

