



1930 Alcoa Hwy, Ste A-340, Knoxville, TN 37920

P 865.305.9440 / F 865.305.9442 / utknoxvilledentists.com / gendent@utmck.edu

REFERRAL

Date: _____

Patient Name: _____

Date of Birth: _____ Patient's Phone: _____

Patient's Email: _____

Referred By Dr. _____ Dr. Phone: _____

Reason for Referral:

- | | | |
|----------------------------------|---|---|
| <input type="checkbox"/> Consult | <input type="checkbox"/> Implants | <input type="checkbox"/> General Anesthesia |
| <input type="checkbox"/> TMJ/TMD | <input type="checkbox"/> Sleep Appliances | <input type="checkbox"/> Other |

Treatment Requested

Any Medical or Unusual Conditions?

Comments: _____







Please return this completed document to our office by email, fax or just drop it off