

University Dental Associates (Faculty Practice) Patient Referral Form

Download this form, complete, save and email (with any accompanying radiographs) to uda@unmc.edu.

Date: _____

Referring Clinic Information

Referring Clinic/Doctor: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Patient Information

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Patient Insurance Company Information: _____

Department for Referral – If you are referring your patient to a specific dental provider, please check their name.

- | | | |
|---|--|---|
| <input type="checkbox"/> General Dentistry
<input type="checkbox"/> David Berkheim
<input type="checkbox"/> Gerard Byrne
<input type="checkbox"/> Upoma Guha
<input type="checkbox"/> Robin Hattervig
<input type="checkbox"/> Jennifer Kallio
<input type="checkbox"/> Gerry Kugel
<input type="checkbox"/> Myhanh Phan-Rinne
<input type="checkbox"/> No preference | <input type="checkbox"/> Endodontics
<input type="checkbox"/> Hany Makkawo

<input type="checkbox"/> Oral Pathology
<input type="checkbox"/> Peter Giannini
<input type="checkbox"/> Nagamani Narayana
<input type="checkbox"/> No preference

<input type="checkbox"/> Oral Surgery
<input type="checkbox"/> Usman Zahid | <input type="checkbox"/> Orthodontics
<input type="checkbox"/> Po-Jung Chen
<input type="checkbox"/> Meenakshi (Minnie) Vishwanath
<input type="checkbox"/> No preference

<input type="checkbox"/> Periodontics / Implants
<input type="checkbox"/> Matthew Byarlay

<input type="checkbox"/> Radiology
<input type="checkbox"/> Kavya Muttanahally |
|---|--|---|

If the preferred provider/pathologist is unavailable, may we appoint another provider/pathologist?

If yes, please check the box, sign, and date.

Signature _____ Date _____

Reason for Referral: _____

Additional Information (Optional): _____

Accompanying Radiographs (Optional)

Description (BWX, PA, FMX, Pano, Ceph, CBCT)

Date Taken

Description (BWX, PA, FMX, Pano, Ceph, CBCT)	Date Taken