



Michael C. Kretchmer, DDS, MS

Michael P. Stella, DDS, MS

Justin R. Valentine, DDS, MS

FAX/EMAIL REFERRAL FORM

Please mail if fax/email is unavailable

Date _____ Referring Dr. _____ Referring Dr. Phone _____

Patient's Name _____ Date of Birth _____

Phone (H) _____ (W) _____ (C) _____ (Email) _____

Address _____

Please evaluate for:

- | | |
|---|--|
| <input type="checkbox"/> Full periodontal evaluation | <input type="checkbox"/> Tooth extraction/Site preservation |
| <input type="checkbox"/> Local periodontal evaluation | <input type="checkbox"/> Implant placement |
| <input type="checkbox"/> Soft tissue grafting | <input type="checkbox"/> Ridge augmentation (soft/hard tissue) |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Sinus lift/Augmentation |
| <input type="checkbox"/> Crown lengthening | <input type="checkbox"/> Sedation (IV, Oral, N ₂ O) |
| <input type="checkbox"/> Canine exposure | <input type="checkbox"/> CBCT |

Intraoral Location/Additional Information:

Radiographs:

- Tar Heel Periodontics will take new radiographs **(Preferred)**
- X-rays will be sent with patient to e-mail info@tarheelperio.com

Date of Radiographs _____ Type of Radiographs _____

Appointment Status:

- Tar Heel Periodontics will call your patient to coordinate appointment. **(Preferred)**
- Patient will call Tar Heel Periodontics to schedule an appointment.

Please fax this completed form to our office at 919.303.8488 or e-mail to info@tarheelperio.com and your patient will be contacted and scheduled for appropriate evaluation.

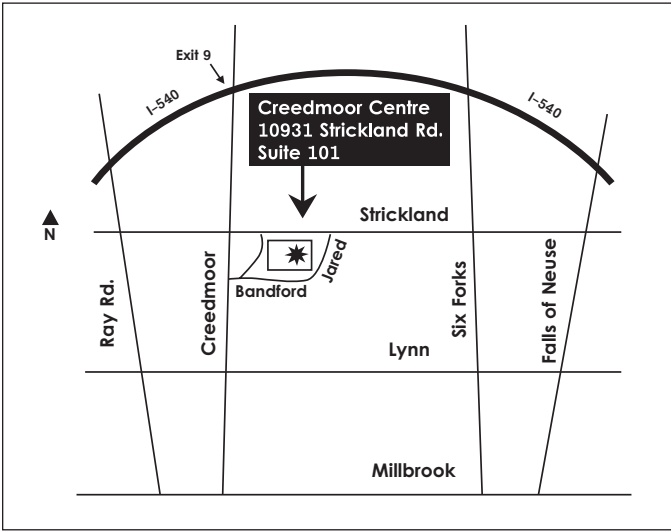
**Thank you for referring your patients.
Your confidence in our practice is appreciated.**

3100 NC Highway 55, Suite 203
Cary, NC 27519

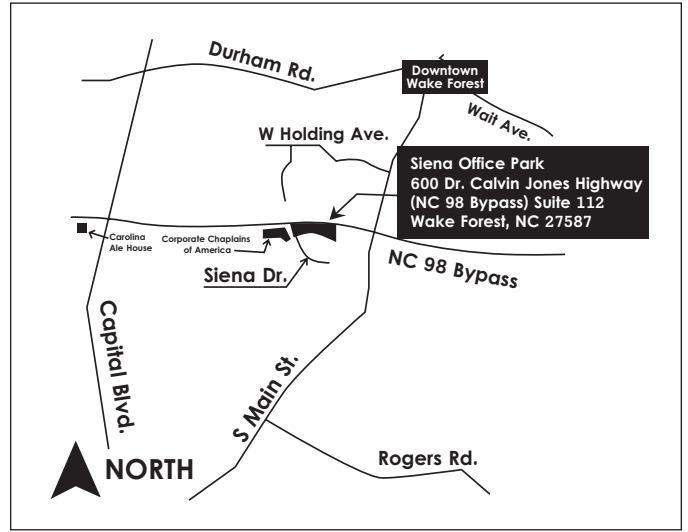
10931 Strickland Road, Suite 101
Raleigh, NC 27615

600 Dr. Calvin Jones Highway, Suite 112
(NC 98 Bypass)
Wake Forest, NC 27587

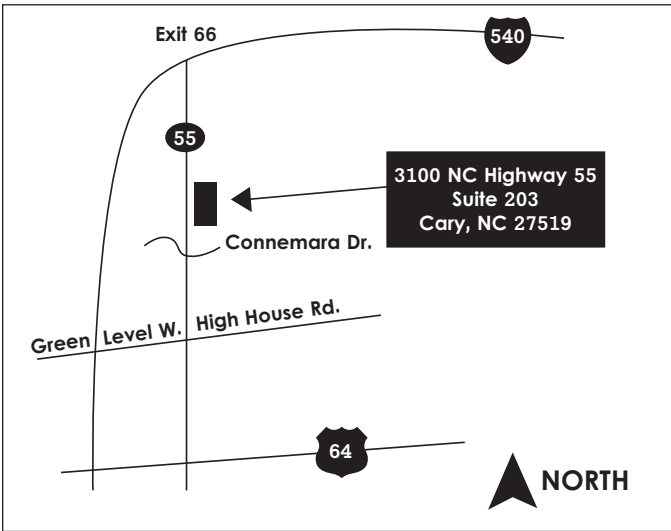
245 East NC Highway 54, Suite 203
Durham, NC 27713



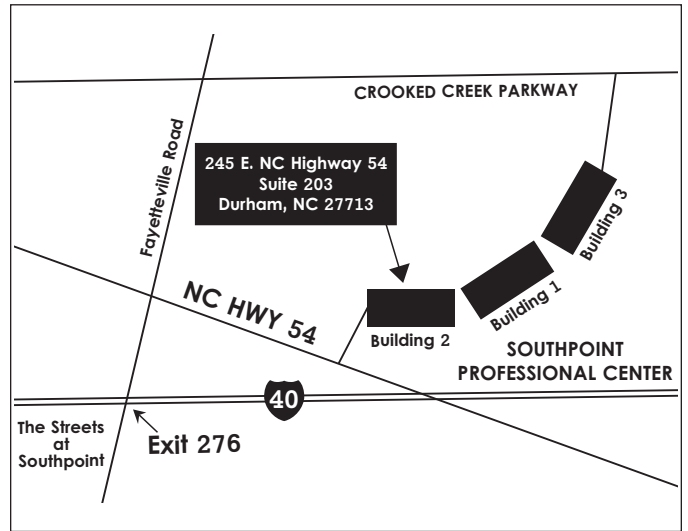
Raleigh



Wake Forest



Cary



Durham