Tar Heel Periodontics
AND IMPLANT DENTISTRY

PROUD PARTNERS OF THE
CAROLINA HURRICANES

919.844.7140

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:

- ❑ Full periodontal evaluation
- ❑ Local periodontal evaluation
- ❑ Soft tissue grafting
- ❑ Biopsy
- ❑ Crown lengthening
- ❑ Canine exposure
- ❑ Tooth extraction/Site preservation
- ❑ Implant placement
- ❑ Ridge augmentation (soft/hard tissue)
- ❑ Sinus lift/Augmentation
- ❑ Sedation (IV, Oral, N_2O)
- ❑ CBCT

Intraoral Location/Additional Information:

_____

_____

Has the patient received any prior periodontal therapy? If yes, when? _____

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.

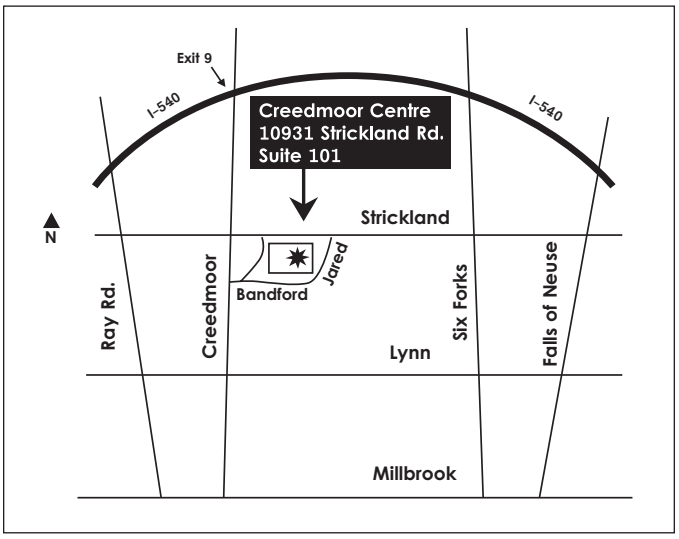
Thank you for referring your patients.
Your confidence in our practice is appreciated.

❑ 3100 NC Highway 55, Suite 203
Cary, NC 27519

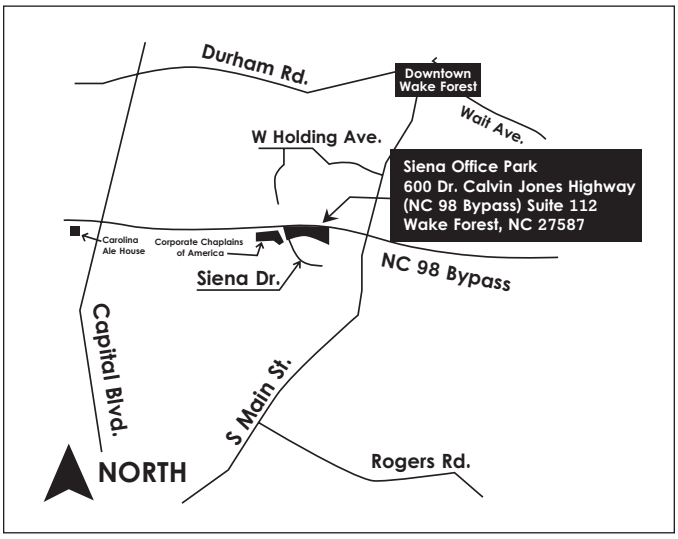
❑ 10931 Strickland Road, Suite 101
Raleigh, NC 27615

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

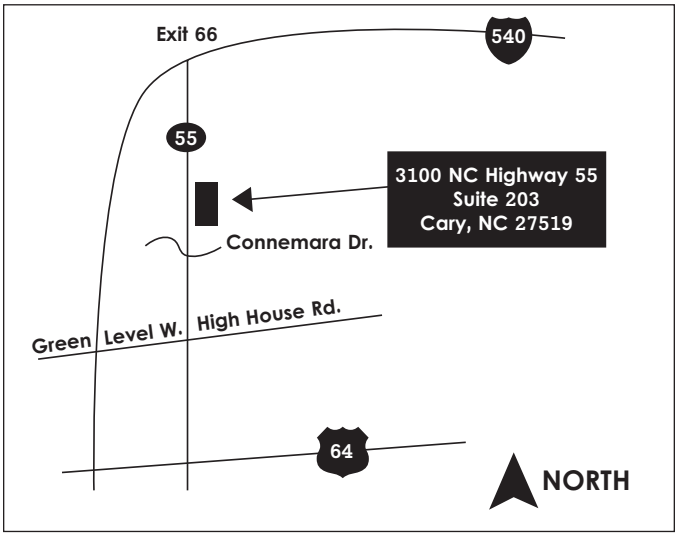
❑ 245 East NC Highway 54, Suite 203
Durham, NC 27713



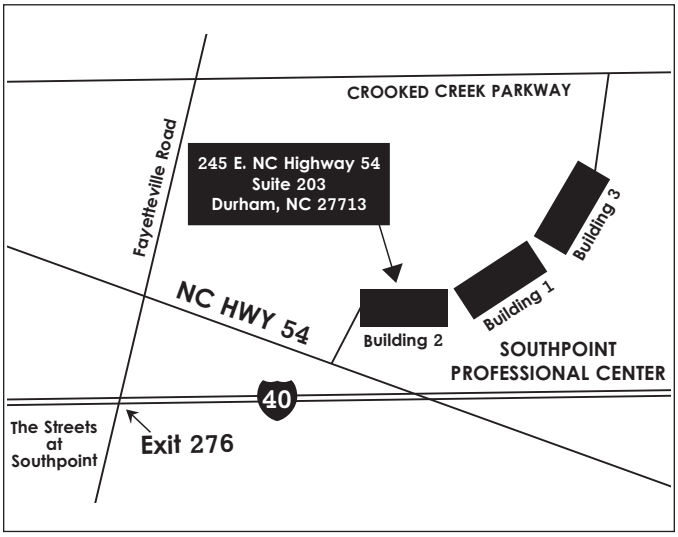
Raleigh



Wake Forest



Cary



Durham