



**Tar Heel Periodontics**  
AND IMPLANT DENTISTRY

919.844.7140



PROUD PARTNERS

Supporting Sponsor  
of NC State Athletics

## FAX/EMAIL REFERRAL FORM

Please mail if fax/email is unavailable

Date \_\_\_\_\_ Referring Dr. \_\_\_\_\_

Referring Dr. Phone \_\_\_\_\_ Referring Dr. Email \_\_\_\_\_

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 <sub>2</sub> O) |
| <input type="checkbox"/> Canine exposure              | <input type="checkbox"/> CBCT Only                             |

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

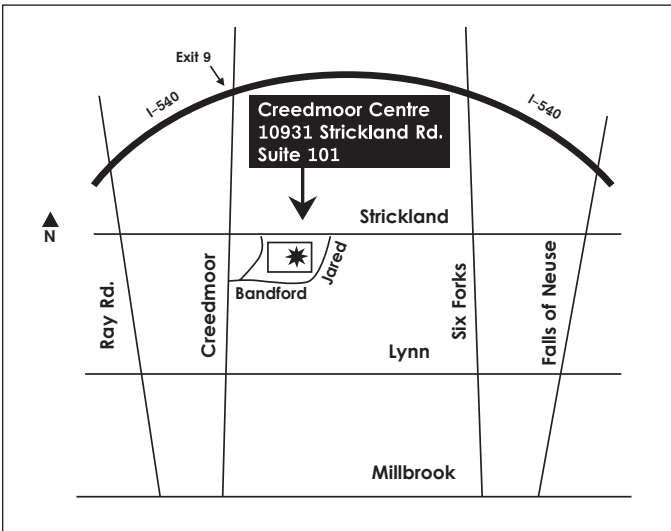
Date of Radiographs \_\_\_\_\_ Type of Radiographs \_\_\_\_\_

### Appointment Status:

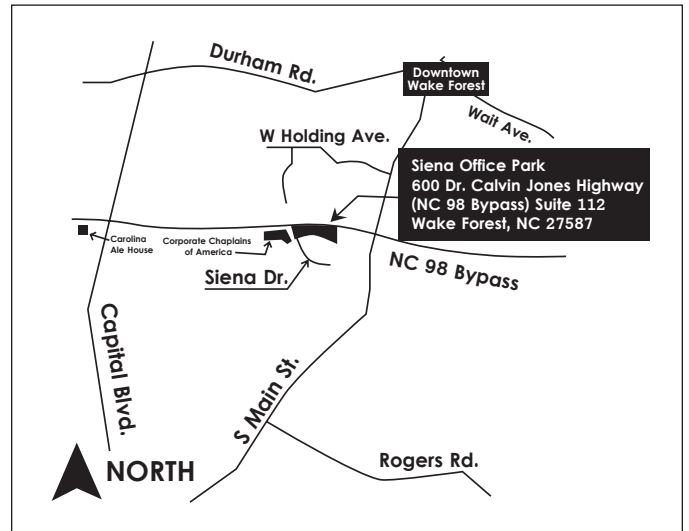
- Tar Heel Periodontics will call your patient to coordinate appointment. (**Preferred**)
- Patient will call Tar Heel Periodontics to schedule an appointment.

**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.**

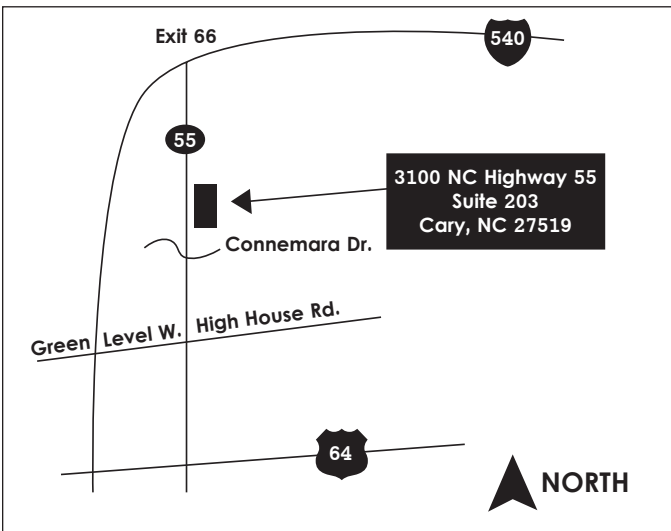
**Thank you for referring your patients.  
Your confidence in our practice is appreciated.**



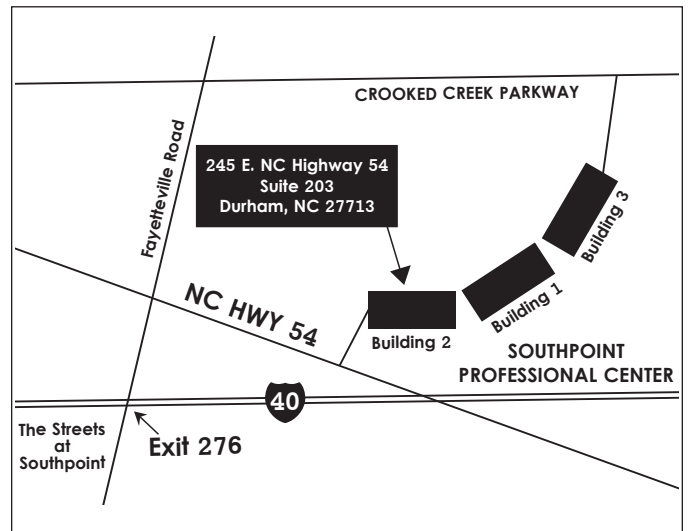
Raleigh



Wake Forest



Cary



Durham



Garner