



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 ₂ 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

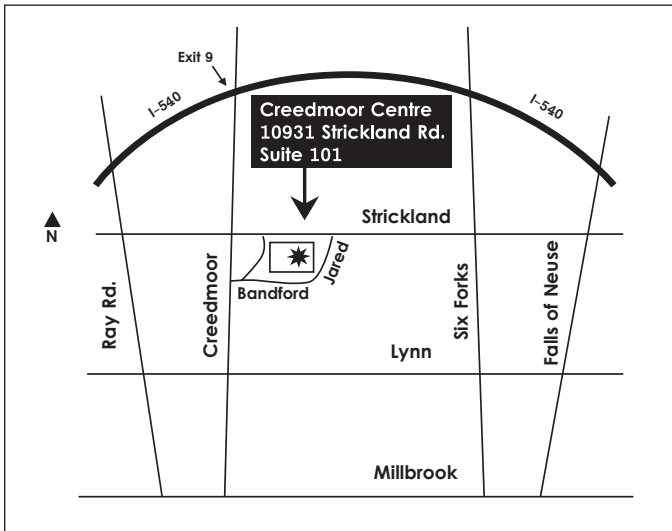
Date of Radiographs _____ Type of Radiographs _____

Appointment Status:

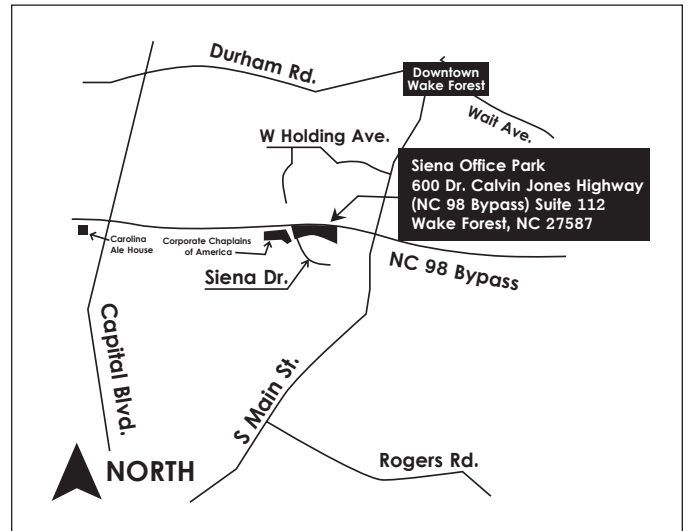
- ☐ Tar Heel Periodontics will call your patient to coordinate appointment. (**Preferred**)
☐ Patient will call Tar Heel Periodontics to schedule an appointment.

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.

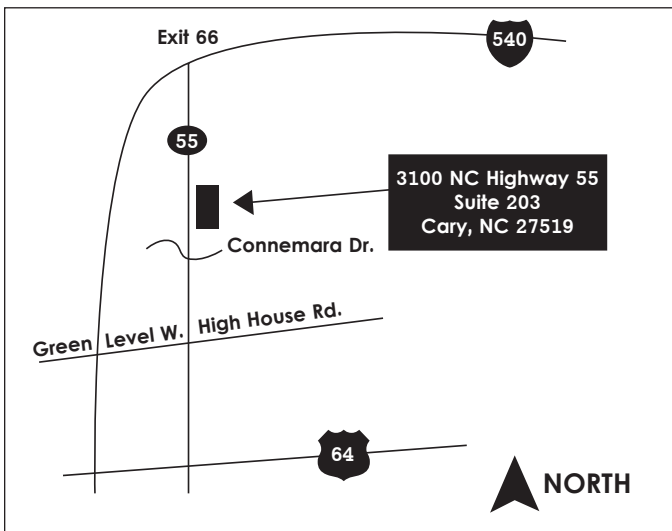
**Thank you for referring your patients.
Your confidence in our practice is appreciated.**



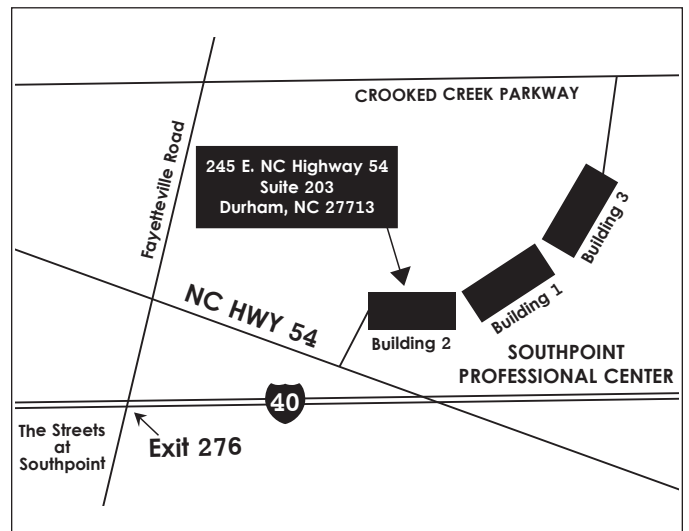
Raleigh



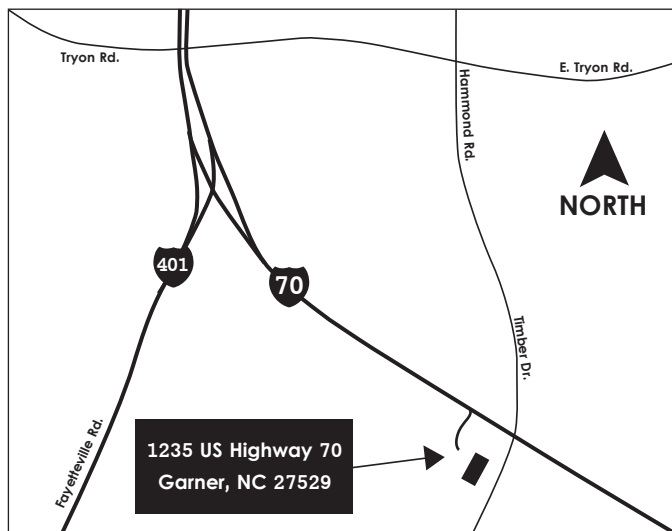
Wake Forest



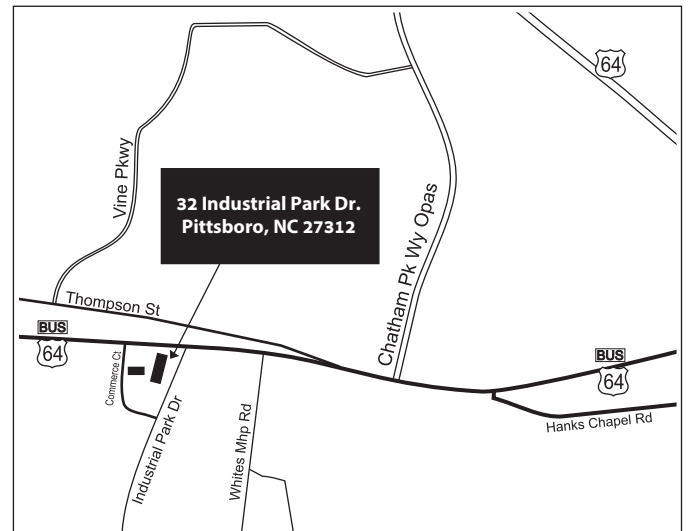
Cary



Durham



Garner



Pittsboro