



**Tar Heel Periodontics**  
AND IMPLANT DENTISTRY

☎ 919-844-7140 | 📠 919-845-6065  
**tarheelperio.com**

*The Premier Periodontal Practice of the Triangle*

**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 \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ (Email) \_\_\_\_\_

**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, N2O)              |
| <input type="checkbox"/> Canine exposure              | <input type="checkbox"/> CBCT Only                             |

Intraoral Location/ Additional Information/Special Requests

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 to 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 email this completed form to **info@tarheelperio.com** or fax to our office at **919-845-6065** and your patient will be contacted and scheduled for appropriate evaluation

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



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919.844.7140 | tarheelperio.com

# LOCATIONS

### Raleigh

**Creedmoor Centre**  
10931 Strickland Rd  
Suite 101  
Raleigh, NC 27615

### Wake Forest

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

### Cary

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

### Durham

**245 E. NC Highway 54**  
Suite 203  
Durham, NC 27713

### Garner

**1235 US Highway 70**  
Garner, NC 27529

### Pittsboro

**32 Industrial Park Dr.**  
Pittsboro, NC 27312

### Fuquay-Varina

**1886 Broad Street**  
Fuquay-Varina, NC 27526