



Nathalie Rivero, DMD, MS  
Eric Jiménez, DMD

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www.NCimplant.com

**BRIER CREEK—RALEIGH**

7920 ACC Blvd.  
Suite 130  
Raleigh, NC 27617

**CARY—PRESTON**

3600 NW Cary Pkwy  
Suite 105  
Cary, NC 27513

**HOLLY SPRINGS**

100 Osterville Dr.  
Holly Springs, NC 27540

**WAKE FOREST**

1725 S. Main St.  
Suite 101  
Wake Forest, NC 27587

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PT REFERRING DR. (first & last name) \_\_\_\_\_

PATIENT PHONE \_\_\_\_\_ PATIENT EMAIL \_\_\_\_\_

PATIENT GENDER \_\_\_\_\_ PATIENT D.O.B. \_\_\_\_\_

PARENT/GUARDIAN (if under 18) \_\_\_\_\_

**REASON FOR REFERRAL:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Complete Exam      | <input type="checkbox"/> Crown Lengthening      | <input type="checkbox"/> Soft Tissue Graft |
| <input type="checkbox"/> Ridge Augmentation | <input type="checkbox"/> Bone Grafting          | <input type="checkbox"/> Extraction(s)     |
| <input type="checkbox"/> Laser Treatment    | <input type="checkbox"/> Scaling & Root Planing | <input type="checkbox"/> Pocket Reduction  |
| <input type="checkbox"/> LANAP              | <input type="checkbox"/> Canine Exposure        | <input type="checkbox"/> Dental Implant(s) |

REMARKS OR SPECIAL INSTRUCTIONS \_\_\_\_\_

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**RADIOGRAPHS:** ☐ Email ☐ Given to Patient ☐ Not Taken

**Electronic Referral Forms Available**

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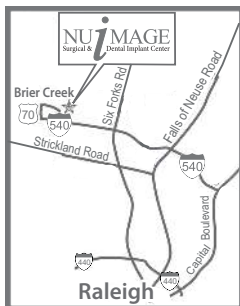




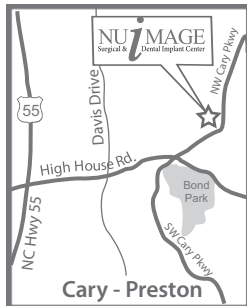
For your convenience, registration paperwork can be filled out on our website [www.NCimplant.com](http://www.NCimplant.com)

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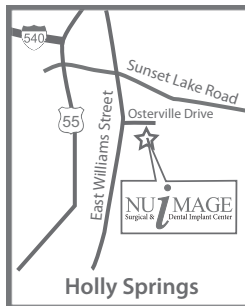
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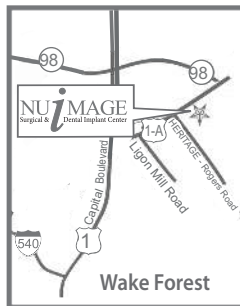
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### Instructions for First Visit

Relax! Our offices are no judgement zones.

We will make you feel comfortable throughout your procedure.

Please bring the following to your appointment:

- Referral slip
- Any x-rays your dentist has given you
- Medication list
- Photo ID
- Dental and medical insurance
- Parent or legal guardian if you are under 18 years of age

### Instructions for Anesthesia

Do NOT eat or drink anything 8 hours prior to surgery.

**NO FOOD & NO WATER.**

Have someone drive you to the office. Please make sure your driver is prepared to STAY in the reception area for your entire surgery, and drive you home after surgery.

**Please provide us with 48 hours notice if you need to change your appointment time.**

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Place  
Stamp  
Here



8305 Falls of Neuse Road  
Suite 105  
Raleigh, NC 27615