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www.NCimplant.com

BRIER CREEK - RALEIGH

7920 ACC Blvd
 Ste 130
 Raleigh, NC 27617

CARY - PRESTON

3600 NW Cary Pkwy
 Ste 105
 Cary, NC 27513

HOLLY SPRINGS

100 Osterville Dr
 Holly Springs, NC 27540

NORTH RALEIGH

8305 Falls of Neuse Rd
 Ste 105
 Raleigh, NC 27615

WAKE FOREST

1725 South Main St
 Ste 101
 Wake Forest, NC 27587

PATIENT NAME _____ DATE _____

REFERRING DR. (first & last name) _____

PT PHONE _____ PT EMAIL _____ GENDER _____

D.O.B. _____ PARENT/GUARDIAN (if under 18) _____

DENTAL INSURANCE COMPANY NAME _____

| RIGHT | | | | PERMANENT | | | | | | | | LEFT | | | | RIGHT | | | | PRIMARY | | | | LEFT | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|---|---|---|-----------|---|---|---|---|----|----|----|------|----|----|----|-------|----|----|----|---------|----|----|----|------|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T |

- Wisdom Teeth Removal
- Dental Implant(s)
- Pathology
- Extractions
- Socket Preservation
- Alveoloplasty
- Bone Grafting
- Expose & Bond
- CT Scan

REMARKS OR SPECIAL INSTRUCTIONS _____

- Nu Image to appoint
- Patient will contact
- Referring dentist to schedule appointment (date & time) _____

RADIOGRAPHS: Emailed Given to Patient Not Taken

Electronic Referral Forms Available

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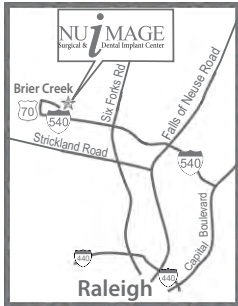




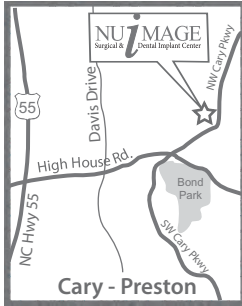
For your convenience, registration paperwork can be filled out on our website at www.NCimplant.com

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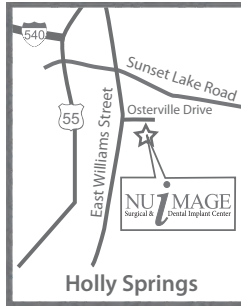
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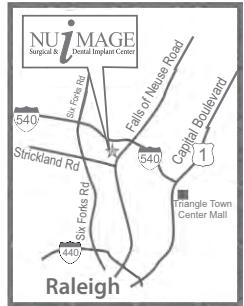
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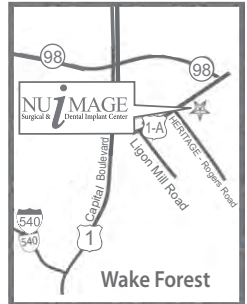
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Instructions for First Visit

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



WAKE FOREST
 1725 South Main St
 Ste 101
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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.