

P: 919-841-1720

F: 919-841-1725

www.NCimplant.com

RALEIGH | BRIER CREEK | CARY | HOLLY SPRINGS | WAKE FOREST | ROCKY MOUNT

REFERRING FOR:



No Preference



Oral Surgery



Periodontics

PATIENT NAME _____

DATE _____

REFERRING DR. (first & last name) _____

PATIENT PHONE _____

PATIENT EMAIL _____

PATIENT D.O.B _____

RIGHT **PERMANENT** LEFT

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

RIGHT **PRIMARY** LEFT

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

REASON FOR REFERRAL:

- | | | |
|--|---|--|
| <input type="checkbox"/> Wisdom Teeth | <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Periodontal Evaluation |
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Socket Preservation | <input type="checkbox"/> Complete Exam <input type="checkbox"/> Limited Exam |
| <input type="checkbox"/> Expose & Bond | <input type="checkbox"/> Ridge/Sinus Augmentation | <input type="checkbox"/> Laser Therapy (LANAP/LAPIP) |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Full Arch Rehabilitation | <input type="checkbox"/> Pocket Reduction |
| <input type="checkbox"/> Alveoplasty | <input type="checkbox"/> CT Scan | <input type="checkbox"/> Scaling & Root Planing |
| | | <input type="checkbox"/> Soft Tissue Graft |
| | | <input type="checkbox"/> Crown Lengthening |

RADIOGRAPHS:

- Emailed Not Taken

REMARKS/DR. PREFERENCE: _____



For your convenience,
 registration paperwork can
 be filled out on our website
www.NCimplant.com
 or scan here:



Kevin Neshat, DDS, MD | Jorge Perez, DMD | William Benzing, DMD | Amandip Kamoh, DDS
 Tony Immediata, DMD | Samuel Addison, DDS, MD | Alexandra Petraszko, DDS, MD
 Bill Konicki, DMD, MD | Nathalie Rivero, DMD, MS | Justin Tomack, DMD, MMSc | John Crestetto, DDS, MD
 Ken Barringer, DDS | Paul Lee, DDS, MD | Jeff Luchetti, DDS | Lorenza Donnelly, DDS, MD

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info@ncimplant.com

<p>RALEIGH 8305 Falls of Neuse Rd. Ste. 105 Raleigh, NC 27615</p>	<p>BRIER CREEK 7920 ACC Blvd. Ste. 130 Raleigh, NC 27617</p>	<p>CARY 3600 NW Cary Pkwy Ste. 105 Cary, NC 27513</p>
<p>HOLLY SPRINGS 100 Osterville Dr. Holly Springs, NC 27540</p>	<p>WAKE FOREST 1711 & 1725 South Main St. Ste. 101 Wake Forest, NC 27587</p>	<p>ROCKY MOUNT 901 N Winstead Ave #130 Rocky Mount, NC 27804</p>

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 cards
- Parent or legal guardian if you are under 18 years of age