NU iMAGE® Surgical & Dental Implant Center

ORAL SURGERY & PERIODONTICS

P: 919-841-1720 F: 919-841-1725 info@ncimplant.com

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

REFERRING FOR: ◯ No Preference ◯ Oral Surgery ◯ Periodontics

PATIENT NAME _____ DATE _____

REFERRING DR. (first & last name) _____ PATIENT PHONE _____

PATIENT EMAIL _____ PATIENT D.O.B _____

DENTAL INSURANCE COMPANY NAME _____

SUBSCRIBER NAME/DOB _____ MEMBER ID _____

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:

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

RADIOGRAPHS: ☐ Emailed ☐ Not Taken

REMARKS/DR. PREFERENCE: _____

ELECTRONIC REFERRAL FORMS AVAILABLE

www.NCimplant.com

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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
Samuel Addison, DDS, MD | Alexandra Petraszko DDS, MD | Bill Konicki DMD, MD | John Crestetto, DDS, MD
Paul Lee, DDS, MD | Jeff Luchetti, DDS | Lorenza Donnelly, DDS, MD | Nathalie Rivero DMD, MS
Justin Tomack DMD, MMSc

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7 CONVENIENT LOCATIONS

RALEIGH
8305 Falls of Neuse Rd #105
Raleigh, NC 27615

BRIER CREEK
7920 ACC Blvd. #130
Raleigh, NC 27617

CARY
3600 NW Cary Pkwy #105
Cary, NC 27513

DURHAM
1622 NC-54
Durham, NC 27713

HOLLY SPRINGS
100 Osterville Dr.
Holly Springs, NC 27540

WAKE FOREST
1711 & 1725 South Main St. #101
Wake Forest, NC 27587

ROCKY MOUNT
901 N Winstead Ave #130
Rocky Mount, NC 27804

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