



**Macon M. Singletary DDS, MS**  
*Diplomate in Periodontology*

## REFERRAL FORM

Date \_\_\_\_\_ Referring Dr. \_\_\_\_\_ Ref. Dr. Phone # \_\_\_\_\_

### Patient Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

New to our practice?  Yes  No Requires Pre-Medication?  Yes  No

### Referred for

Full Periodontal Evaluation  Local Perio Eval #s \_\_\_\_\_

Recession #s \_\_\_\_\_  Frenectomy/CSF #s \_\_\_\_\_

Crown Lengthening # \_\_\_\_\_  Implants #s \_\_\_\_\_

Other/Comments \_\_\_\_\_

### Medical Alert \_\_\_\_\_

### Radiographs

Dr. Singletary's office to take (Preferred)

FMX being sent Date: \_\_\_\_\_

Prior X-Rays available Date: \_\_\_\_\_ Type \_\_\_\_\_

### Appointment Status

Dr. Singletary's office to call patient and coordinate appointment (Preferred Method)

Patient will call Dr. Singletary's office to schedule an appointment

Referring dentist to schedule an appointment

**Appointment Scheduled for:** Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

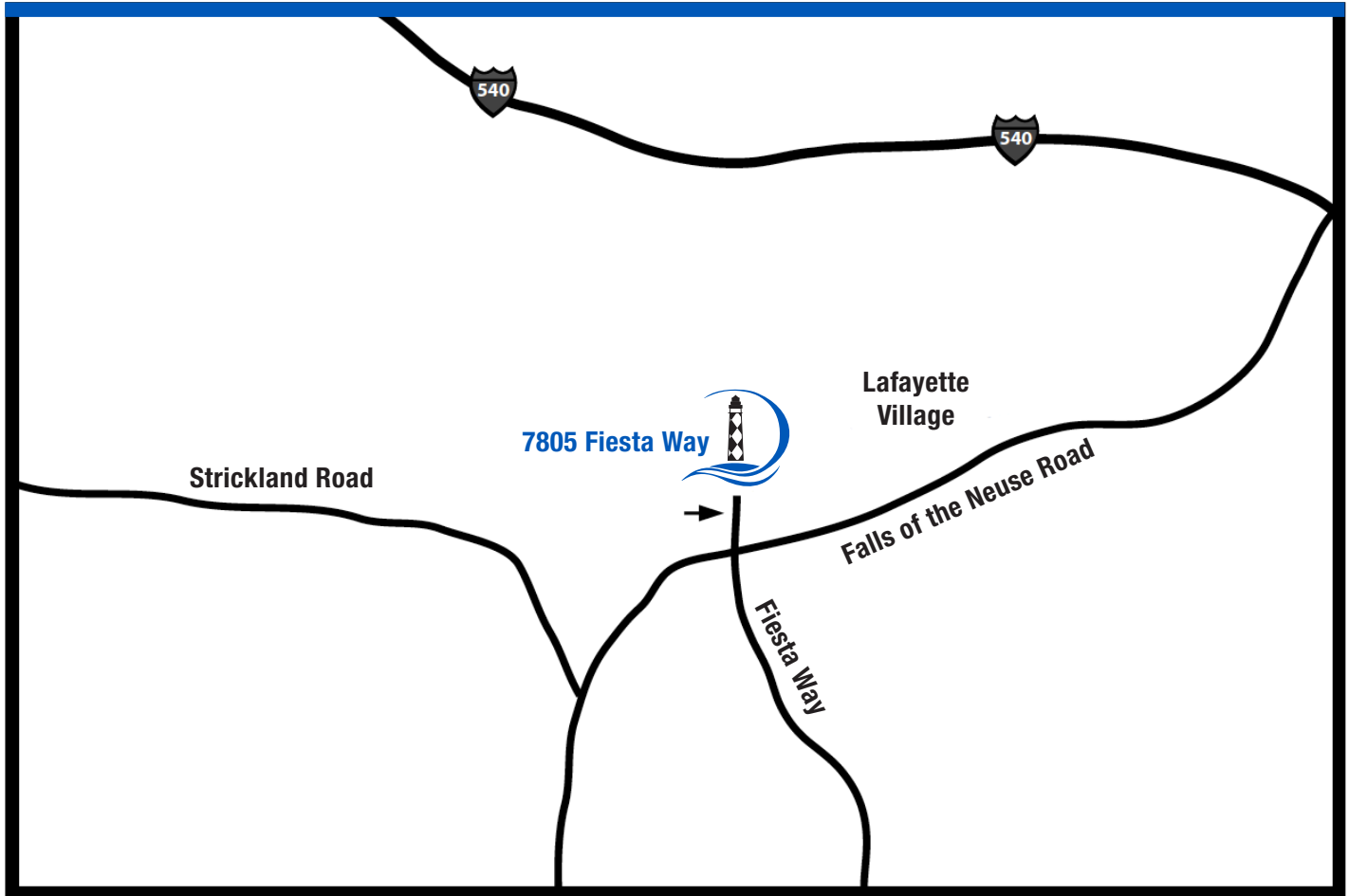
**Please fax this complete form to our office at  
 919.518.8252 and your patient will be contacted  
 and scheduled for appropriate evaluation.**

7805 Fiesta Way  
 Raleigh, NC 27615  
 T 919.518.8222 F 919.518.8252  
[www.northraleighperio.com](http://www.northraleighperio.com)



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## OFFICE LOCATION



**North Raleigh Periodontics**  
**7805 Fiesta Way Raleigh, NC 27615**

**T** 919.518.8222

**F** 919.518.8252

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