



North Raleigh Periodontics & Implant Center

Diplomates of the American Board of Periodontology

- First Available
- Dr. Ronak J. Bhagat
- Dr. Macon M. Singletary

REFERRAL FORM

Date: _____ Referring Dr. _____ Dr. Phone # _____

Referring Dr. Email _____

Patient Information:

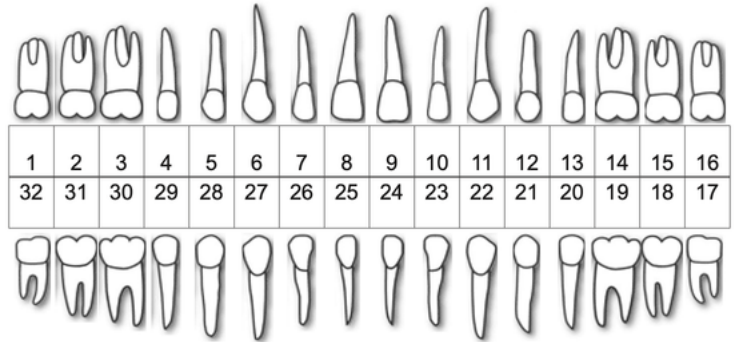
Name _____ Date of Birth _____

Email Address _____ Cell Phone _____

How can we help?

Reason For Referral:

- Full Periodontal Evaluation _____
- Laser Periodontal Treatment _____
- Peri-implantitis #s _____
- Soft Tissue Graft/Recession #s _____
- Frenectomy #s _____
- Crown Lengthening #s _____
- Canine Exposure _____
- Sleep/Nightlase _____
- Extraction + Bone Graft #s _____
- Implant #s _____
- Sinus Lift _____
- Ridge Augmentation _____
- Other/Comments _____



Circle Teeth if Applicable

Radiographs - Please Email

- Please take at North Raleigh Periodontics (Preferred)
- FMX being sent Date: _____
- Previous Images (BW's & PA's) Date: _____

Medical Alerts:

- Premedication? On Warfarin/Coumadin therapy?
- Taken Bisphosphonates? Other?

Comments: _____

Email referral + radiographs to:
contact@northraleighperio.com

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