



7201 CREEDMOOR ROAD - SUITE 120, RALEIGH, NORTH CAROLINA 27613  
 (919) 846-6622 FAX (919) 846-8012

## NEW PATIENT REFERRAL FORM

Referred to:  Dr. Bill Scruggs  Dr. Tony Molina  Dr. Anthony Gragg  First Available

Date \_\_\_\_\_ Referred by \_\_\_\_\_

Office Phone \_\_\_\_\_ Office Email \_\_\_\_\_

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

Patient Address \_\_\_\_\_

Patient Phone - Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_

◆ **REFERRED FOR:**

- |                                                          |                                                               |                                                         |
|----------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Complete Dentures               | <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <input type="checkbox"/> Crowns/Bridges/Veneers # _____ |
| <input type="checkbox"/> Partial Dentures                | <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <input type="checkbox"/> Implant Crowns/Bridges # _____ |
| <input type="checkbox"/> Immediate Dentures              | <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <input type="checkbox"/> Eval Tooth/Teeth # _____       |
| <input type="checkbox"/> Overdentures                    | <input type="checkbox"/> Upper <input type="checkbox"/> Lower | <input type="checkbox"/> Full Mouth Rehabilitation      |
| <input type="checkbox"/> Full Arch Implant Bridge/Hybrid | <input type="checkbox"/> Upper <input type="checkbox"/> Lower |                                                         |
| <input type="checkbox"/> Other/Comments _____            |                                                               |                                                         |

◆ **Medical Alert:** \_\_\_\_\_

◆ **Radiographs**  Please take  FMX being sent  Prior X-Rays available

◆ **APPOINTMENT STATUS**

- Our office to call patient and coordinate appointment (Preferred Method)
- Patient will call our office to schedule appointment.
- Need our office to call your office before we see the patient.

**\*Please fax this completed form to (919) 846-8012 or  
 email to referrals@ncprosth.com and patient will be contacted immediately  
 for appropriate evaluation.**