

PROSTHODONTIC SPECIALISTS

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 Dr. Cristen Ayers First Available

Date _____ Referred by _____

Office Phone _____ Office Email _____

Patient Name _____ Date of Birth _____

Patient Address _____

Patient Phone - Home # _____ Cell # _____

Work # _____ Email _____

◆ 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 complete this form FULLY and email it along with any images to
referrals@ncprosth.com Once received,
our new patient coordinator will reach out to the patient for appropriate evaluation.
There is a \$25 reservation fee that will go towards your appointment cost.**