

# 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 \$79 reservation fee that will go towards your \$158 consult fee.**