



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:

- | | | |
|--|---|---|
| ☐ Complete Dentures | ☐ Upper ☐ Lower | ☐ Crowns/Bridges/Veneers # _____ |
| ☐ Partial Dentures | ☐ Upper ☐ Lower | ☐ Implant Crowns/Bridges # _____ |
| ☐ Immediate Dentures | ☐ Upper ☐ Lower | ☐ Eval Tooth/Teeth # _____ |
| ☐ Overdentures | ☐ Upper ☐ Lower | ☐ Full Mouth Rehabilitation |
| ☐ Full Arch Implant Bridge/Hybrid | ☐ Upper ☐ Lower | |
| ☐ 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 \$125 reservation fee that will go towards your \$250 consult fee.**