

BRIER CREEK IMPLANTS AND PERIODONTICS

Implant Placement • Periodontal Care • Surgical Expertise

info@briercreekimplantsandperio.com | 919-278-7298 | 7901 ACC Blvd., Suite 100, Raleigh, NC 27617

PATIENT REFERRAL FORM

REFERRING DOCTOR

Date: Referring Doctor:
Phone: Email:

PATIENT INFORMATION

Patient Name: Date of Birth:
Address:
Phone (H): (W): (C):
Email:

PLEASE EVALUATE FOR

- | | |
|---|--|
| <input type="checkbox"/> Full periodontal evaluation | <input type="checkbox"/> Tooth extraction / Site preservation |
| <input type="checkbox"/> Local periodontal evaluation | <input type="checkbox"/> Implant placement |
| <input type="checkbox"/> Soft tissue grafting | <input type="checkbox"/> Ridge augmentation (soft/hard tissue) |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Sinus lift / Augmentation |
| <input type="checkbox"/> Crown lengthening | <input type="checkbox"/> Sedation (IV, Oral, N2O) |
| <input type="checkbox"/> Canine exposure | <input type="checkbox"/> CBCT Only |

INTRAORAL LOCATION / ADDITIONAL INFORMATION / SPECIAL REQUESTS

Has the patient received any prior periodontal therapy? If yes, when?

RADIOGRAPHS

- Brier Creek Implants and Periodontics will take new radiographs (Preferred)
 X-rays will be sent to info@briercreekimplantsandperio.com

Date of Radiographs: Type of Radiographs:

Please email this completed form to info@briercreekimplantsandperio.com

Your confidence in our practice is appreciated. | 7901 ACC Blvd., Suite 100, Raleigh, NC 27617

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