



CAROLINA
ORAL & MAXILLOFACIAL
SURGERY CENTER

Richard C. Adams, D.D.S.

Referral Request

Patient Name _____

History _____

EXTRACTIONS

DENTAL IMPLANTS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
Right								Left							

Lingual

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

CONSULTATION:

- Implants Orthognathic Pre-Prosthetic
 Other _____

OTHER PROCEDURES:

- Alveoloplasty Apicoectomy Soft Tissue
 Biopsy Frenectomy IV Sedation
 Incision and Drainage Infection General Anesthesia
 Lesion Evaluation Surgical Exposure Local Anesthesia

RADIOGRAPHS:

- Sent By Doctor Patient to Bring Please Take
 Panorex X-ray Cone Beam CT Scan

Additional Comments:

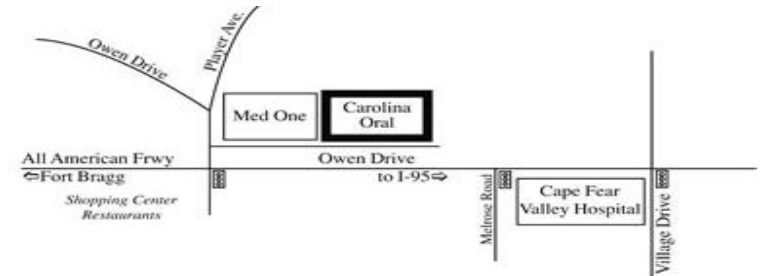
Signed _____ Date _____

Referring Doctor

Referring Dr.'s Name Printed _____

Appointment Date: _____ Time: _____

Owen Plaza
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Fayetteville, NC 28304
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carolinaoral.com



INSTRUCTIONS TO PATIENTS

- Please call to schedule an appointment. If you have medical problems such as diabetes, heart disease, heart murmur or are taking anticoagulant medication (blood thinners), or aspirin please tell the receptionist.
- On the day of your appointment, please bring:
 - This slip.**
 - Any x-rays that your dentist may have given to you.**
 - A list of all medications with dosages that you are taking.**
 - Insurance Information (Medical and Dental)**
- Minors must be accompanied by a parent or legal guardian.
- We appreciate you arranging for childcare prior to all appointments.
- You can expedite your visit by filling out our new patient forms online. Please visit: www.carolinaoral.com.

If you have any questions, please feel free to call us to discuss your concerns.