



Richard C. Adams, D.D.S.

Referral Request

Introducing: _____ Date: _____

Phone Number: _____

IMPLANT EVALUATION

(Indicate Implant Site)

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						

ORAL SURGERY EVALUATION

Exodontia (Indicate Teeth Below)

OTHER PROCEDURES:

- | | |
|---|--|
| <input type="checkbox"/> Bone Grafting/ Bone Reconstruction | <input type="checkbox"/> IV Sedation |
| <input type="checkbox"/> Socket Preservation | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Soft Tissue Grafting | <input type="checkbox"/> Incision and Drainage |
| <input type="checkbox"/> Pre-Prosthetic Therapy | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Extractions w/ Alveoplasty | <input type="checkbox"/> Surgical Exposure |

RADIOGRAPHS:

- | | |
|--|---|
| <input type="checkbox"/> X-rays needed | <input type="checkbox"/> X-rays mailed |
| <input type="checkbox"/> X-rays given to patient | <input type="checkbox"/> X-rays emailed to patientcare@carolinaoral.com |

Medical History: _____

Additional Comments: _____

Referring Doctor: _____ Office Number: _____

Signed _____ Date _____

Referring Doctor

Appointment Date: _____ Time: _____

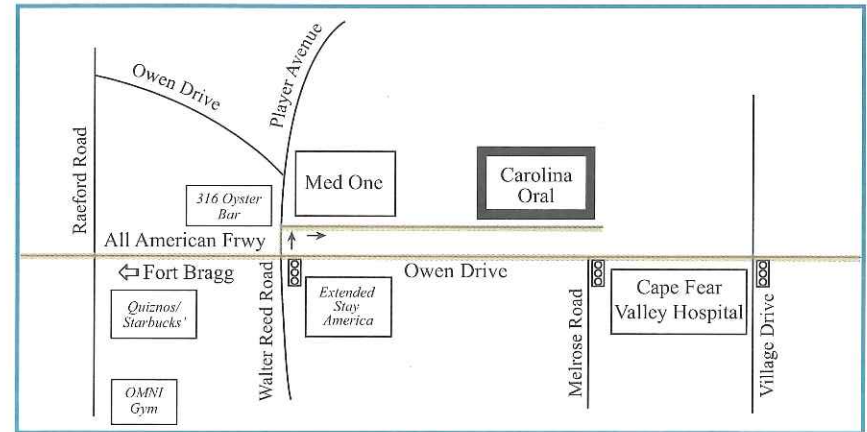
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Owen Plaza

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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)**
 - **Insurance schedule of exclusions and limitations**
- Minors must be accompanied by a parent or legal guardian. (Documentation of legal guardianship may be requested)
- 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.