



7201 CREEDMOOR ROAD – SUITE 120, RALEIGH, NORTH CAROLINA 27613
 (919) 846 – 6622 FAX (919) 846 – 8012

NEW PATIENT REFERRAL FORM

Referred to: Dr. Paul Scruggs Dr. Tony Molina Dr. Bill Scruggs First Available

Date: _____ Referred by: _____

Office Phone: _____ Office Email: _____

Patient Name: _____ Date of Birth _____

Patient Address: _____

Patient Phone (Home) _____ (Work) _____

◆ Referred for:

- Complete Dentures Upper Lower Crowns/Bridges #
- Partial Dentures Upper Lower Veneers #
- Immediate Dentures Upper Lower Maryland Bridges #
- Multiple Treatment Plan _____

Other/Comments _____

◆ Medical Alert: _____

◆ Radiographs Please take X-Ray 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.
- Please call our office before seeing the patient.

Please FAX this completed form to (919) 846 – 8012
 The patient will be contacted immediately for appropriate evaluations