



capital oral & facial surgery

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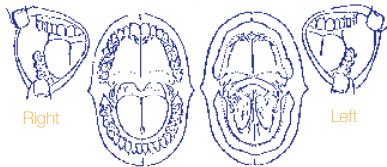
Board Certified Oral and Maxillofacial Surgeons

RALEIGH • 919 322 4500 **HOLLY SPRINGS** • 919 436 2270 **BURLINGTON** • 336 252 3700
 5904 Six Forks Rd. Ste 101 101 Hyannis Dr. 853 Heather Rd.
WAKE FOREST • 919 283 0100 **WEST RALEIGH** • 919 783 9920 **BRIER CREEK** • 919 887 6440
 3150 Rogers Rd. Ste 111 2500 Blue Ridge Rd. Ste 201 8851 Ellstree Ln. Ste 116

Introducing _____ Date _____
 Patient Phone _____ DOB _____
 Practice Name _____ Doctor _____
 Dental Insurance _____

Please Mark Teeth or Area to Be Treated

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																								
R								L																															
A				B				C				D				E				F				G				H				I				J			
T				S				R				Q				P				O				N				M				L				K			
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																								



- Wisdom Teeth Removal
- Implant(s) System preferred: _____
- Extraction(s)
- Socket Preservation
- Pathology
- Other

Radiographs: Emailed None Date of X-ray _____

Special Instructions or Comments _____

Referring Doctor Signature _____

Appointment Information

- Call to appoint
- Patient will call
- Appointment made by referring doctor

Date _____ Time _____

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Proudly doctor owned and locally operated

Scan with your smartphone for online registration!

Registration is required prior to your first visit



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 5904 Six Forks Rd. Ste 101
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Please bring the following to your first visit:

1. This referral slip
2. A picture ID
3. All xrays
4. Your medication list
5. Medical & dental insurance information
6. Any unmarried patient under 18 years of age must be accompanied by a parent or legal guardian with court appointed paperwork.
7. An interpreter if necessary

Please give 48 hours notice if you are unable to keep this appointment.

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PLEASE PROOF READ CAREFULLY!

PBHS Inc. is NOT Responsible For Errors That Have Been Mistakenly Approved By You.

Approved By: _____

Date: _____