

DOCTORS PERIODONTAL REFERRAL

Scott C. Blanchard, D.D.S.

Referred Patient _____

Phone Numbers Home _____ Work _____ Cell _____

Patient is being referred for

_____ General Evaluation and Treatment
_____ Evaluation and Treatment of Localized Areas

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

_____ Crown Extension Procedures
_____ Ridge Augmentation Procedures
_____ Dental Implants
_____ Mucogingival Procedures
_____ Other

Patient has been through _____ Sessions of Deep Scaling Date _____

Remarks _____

Does Patient have Dental Insurance? _____ Yes _____ No

Does Patient have Full Mouth X-Rays? _____ Yes _____ No

Referring Doctor: _____

Location: _____ 200 N. Water Street
Elizabeth City, NC 27909 (252) 335-4332

_____ 2522 S. Croatan Hwy., Suite 1C
Nags Head, NC 27959 (252) 480-9103