

General Practice Referral Form

Please check the box to indicate the office location where the patient is being referred:

Dilworth/South End
2230 Park Rd. Suite 202
Charlotte, NC 28203
Phone: (704) 527-2440
Fax: (704) 527-2406

Kannapolis
2222 Concord Lake Rd.
Kannapolis, NC 28083
Phone: (704) 247-9146
Fax: (704) 786-0086

Statesville
730 Brookdale Dr.
Statesville, NC 28677
Phone: (704) 873-0996
Fax: (704) 873-1028

East Charlotte
6708 Albemarle Rd.
Charlotte, NC 28212
Phone: (704) 537-1990
Fax: (704) 531-2757

Monroe
2258 W. Roosevelt Blvd. Suite A
Monroe, NC 28110
Phone: (704) 291-7100
Fax: (704) 291-7115

Steele Creek
9201 S. Tryon St. Suite A
Charlotte, NC 28273
Phone: (704) 588-1627
Fax: (980) 224-8218

Gastonia
2641 Court Dr. Suite B
Gastonia, NC 28054
Phone: (704) 824-6988
Fax: (704) 824-1061

SouthPark
5970 Fairview Rd. Suite 120
Charlotte, NC 28210
Phone: (704) 523-1462
Fax: (704) 525-9076

University
8401 Medical Plaza Dr. Suite 100
Charlotte, NC 28262
Phone: (704) 593-1090
Fax: (704) 593-1092

Patient Name: _____ **Date:** _____

Consultation For:

- Comprehensive Exam and Treatment Planning
- Prophylaxis
- Basic Restorative/Filling(s): _____
- Removable Prosthetics: _____
- Fixed Prosthetics: _____
- Extraction(s): _____
- Other: _____

X-rays:

- Patient Bringing
- Emailed to Office Manager
- None (please take new x-rays for proper diagnostic purposes)

Comments:

Referring Dr. _____

Referring Dr. Phone Number(s): _____