



DENTAL IMPLANTS
—AND—
PERIODONTAL SPECIALISTS

FOR THE REFERRING DENTIST

Mehul H. Gadhia, DMD, MSP
Diplomate, American Board of Periodontology

BALLANTYNE

15015 Lancaster Hwy., Suite 100 | Charlotte, NC 28277
704.541.8090 | 704.541.6712 (fax)

Today's Date: _____ **Referring Dr.'s Name:** _____

Patient's Name: _____ **Appointment Date:** _____

Special Instructions: _____

Patient is being referred for:

- Dental Implants: _____
- Complete Periodontal Exam & Treatment
- Isolated Area: _____
- Crown Lengthening: _____
- Tissue Graft: _____
- Tooth Exposure: _____
- Frenectomy/Gingivectomy
- Other:** _____

Radiographs:

- Please Take
- Emailed to:
info@periocarecarolinas.com
- Sent with patient

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
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Please see back for instructions for your appointment



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- ❑ Please bring a current list of your medications and doctors' phone numbers.
- ❑ Please call our office, prior to your appointment, if you have any questions regarding taking antibiotics ("premed") for joint replacement, heart murmurs, heart prosthetics/valves or any other condition.
- ❑ Please visit our website at periocarecarolinas.com to print and complete the forms you need for your appointment.

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West Ballantyne Professional Center
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