

Upon submission of the completed form, you will be given the opportunity to upload X-rays and print or save a copy of this form for your records.

Patient _____ Date of Birth _____
FIRST NAME LAST NAME

Parents (if minor) _____

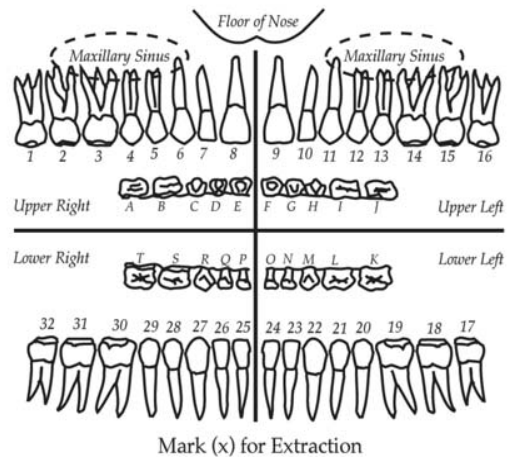
Phone (Home) () _____ (Cell) () _____

Address _____
STREET CITY STATE ZIP

Email _____

Reason for Referral

- Third Molar Evaluation
- Tooth Extraction(s)
- Pathology Evaluation/Biopsy
- Implant Evaluation
 System Preferred: _____
- Conservative TMJ Therapy
- Other _____



X-ray(s) Taken on Date _____

- Submitted Through MyCenters.com
- Emailed to Specific Office Location
- Mailed to Office
- Given to Patient
- Please Take X-ray

Oral Surgeon Specialists

- BILLINGSLEY RD.—CHARLOTTE**
 - Bart C. Farrell, DDS, MD
 - Brian B. Farrell, DDS, MD, FACS
 - Waheed V. Mohamed, DDS, MD
 - Erik F. Reitter, DDS
- BLAKENEY/BALLANTYNE**
 - Christopher R. Abernathy, DMD
 - Brian B. Farrell, DDS, MD, FACS
 - Richard A. Kapitan, DDS, MS, FACS
 - John C. Nale, DMD, MD, FACS
 - Erik F. Reitter, DDS
- CHERRYDALE/SIMPSONVILLE**
 - Brett Shigley, DMD, MS
- CONCORD**
 - Danielle G. Gill, DMD
 - Nicholas J. Kain, DDS
- GASTONIA**
 - Travis R. Nesbitt, DMD, MPH
 - John W. Robinson, III, DMD
- GREENVILLE**
 - Mary Charles B. Haigler, DMD, MS
 - Jim W. Howell, DMD
- LAKE NORMAN/DENVER**
 - Daniel R. Cook, DDS, MD
 - Travis R. Nesbitt, DMD, MPH
 - Erik F. Reitter, DDS
- MATTHEWS**
 - J.D. Kisella, DDS, MD
- ROCK HILL**
 - Christopher R. Abernathy, DMD
 - John H. Wessel, DMD, MD
- UNIVERSITY—CHARLOTTE**
 - Peter B. Franco, DMD, FACS
 - Danielle G. Gill, DMD
 - Erik F. Reitter, DDS

Referring Doctor _____ Phone Number _____ Date _____