

New Patient Referral

To assist you with your periodontal and implant referral, simply fill out and give patient first copy, fax second copy to us and retain for your records.

To: Dr. Nathan E. Hodges
1010 W. Ralph Hall Pkwy., #101
Rockwall, TX 75032
972-771-8640
972-771-8638 Fax

From: Dr. _____
Phone # _____
Fax # _____

Date: _____

This is to introduce _____

Home Phone # _____ Work Phone # _____

Please notify us if patient has not called by _____.

Radiographs: FMX Date _____
 PA Date _____
 BW Date _____
 PANO Date _____

Available: Yes
 Being Mailed
 No
 Take necessary radiographs
and send set to us.

*We accept digital radiographs at: hodgesperio@sbcglobal.net

Reason(s) for referral (please check all that apply):

- Complete Periodontal Evaluation
- Limited Periodontal Evaluation
- Implant Evaluation
- Bone Grafting
- Crown Lengthening
- Tooth Exposure
- Soft Tissue Grafting
- Other

please detail: _____

Medical History Alert: _____

Antibiotic pre-med: _____

Comments: _____

