Urgent Tooth
Sedation and Surgical Dentistry

Justin McKinlay, DDS
5400 W. Friendly Ave
Greensboro, NC 27410
P: (336) 645-9002
F: (336) 962-2900
info@urgenttooth.com
www.urgenttooth.com

PLEASE SEND THIS REFERRAL FORM WITH PATIENT

PATIENT INFORMATION

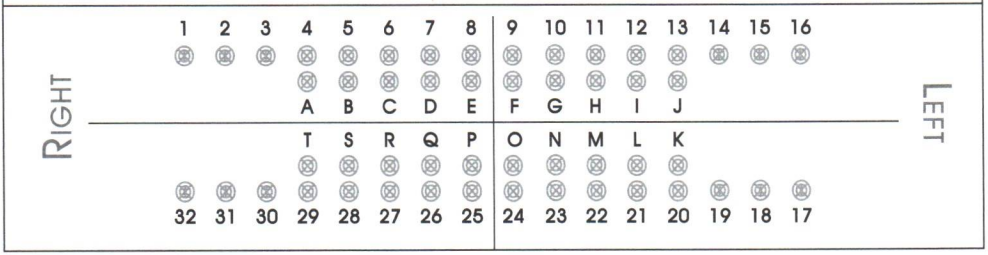
DATE OF REFERRAL _____

Patient's Name (First, Middle, Last)		Sex ❑ Male ❑ Female
Birth Date (MM/DD/YYYY)	Preferred Language (If other than English)	
Address	City	
State / ZIP code	Preferred Phone ❑ cell ❑ home ❑ work	
Patient's Email Address		
Patient Insurance & Plan Name (please also attach copy of insurance card)		
Name, Relationship & DOB of Primary, Insured (If not patient)		

REASON FOR CONSULT

- ❑ Emergency Extraction
- ❑ Non-Emergency Extraction
- ❑ Wisdom Tooth Removal
- ❑ Implant Placement
- ❑ Tori Removal
- ❑ Buccal Exostosis Removal
- ❑ CBCT
- ❑ Immediate Denture Consult
- ❑ Sedation
- ❑ Other _____

Notes:



REFERRING PROVIDER INFORMATION

Referring Provider's Name	Referring Provider's Email	
Provider NPI (Individual)	Phone	Fax
Practice Name		
Practice Address		
Referral Coordinator Name	Referral Coordinator Email	

How would you like for us to send you Progress Notes?
❑ By Fax ❑ By Mail ❑ By Email _____

Thank you for your referral!