



**SOUTHERN PERIODONTOLOGY**  
HEBER W. WINDLEY III, DDS, MS, PA  
DIPLOMATE OF THE AMERICAN BOARD OF PERIODONTOLOGY

315 Hospital Road  
Zebulon, North Carolina 27597  
(919) 269-0300  
Fax (919)269-0964

[www.southernperiodontology.com](http://www.southernperiodontology.com)

**REFERRAL FORM**

**PLEASE FAX A COMPLETED COPY TO OUR OFFICE AT (919) 269-0964**

Date \_\_\_\_\_ Referring Dr. \_\_\_\_\_

Patient's name \_\_\_\_\_ DOB \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Patient's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Alerts \_\_\_\_\_ Patient requires Pre-medication? Yes \_\_\_ No \_\_\_

**Referred for:**

\_\_\_\_\_

Patient's previous periodontal treatment history: \_\_\_\_\_

Last maintenance appointment: \_\_\_\_\_

Next scheduled maintenance appointment: \_\_\_\_\_

Radiographs: Please email all available radiographs to [uncperio93@att.net](mailto:uncperio93@att.net)

Available: FMX \_\_\_\_\_ Date \_\_\_\_\_

PA's \_\_\_\_\_ Date \_\_\_\_\_

BWX \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Please take new radiographs