



DR. PHILLIPS

408-B Parkway Ave.
Greensboro, NC 27401
Ph: (336) 274-5400
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Referring doctor:

Referring doctor Phone number and Email:

Patient Name: _____ DOB:

Address:

Phone Number: Home: _____ (Cell) _____

Email: _____

Additional contact info:

Reason Referred: please provide detailed information

Summary of current conditions: (exp: caries, missing teeth, extractions and/or implants needed)

Treatment plans discussed with pt:

Available x-rays and dates taken (within last 2 years):

Pa's _____ Panorex _____ BW's _____ CBCT _____ Photos _____

Casts _____

Additional records available: (exp: implant information if pt has implants placed)

Medical conditions affecting treatment: (exp: antibiotics required for dental appointments, on osteoporosis medication, etc.)

Additional notes to help triage patient care: you may use the back or attach a separate form

Please use records@phillipspros.com to email your referral and records. Attach additional records as needed.