

3421 Olympia Drive, Suite 201
Raleigh, NC 27603
(919) 706-1701
info@highlandimplantcenter.com



208 N. Arendell Ave. Suite 101
Zebulon, NC 27597
(919) 706-1701
info@highlandimplantcenter.com

PATIENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ **Gender** ☐ Male ☐ Female

Phone Number _____ **Email** _____

Referring Provider _____ **Phone Number** _____

REASON FOR REFERRAL

Please check all that apply.	Details:
<input type="radio"/> Oral Surgery Consultation	<input type="radio"/> Tooth Extraction/Grafting (Single/Multiple)
<input type="radio"/> Dental Implants	<input type="radio"/> Implant Placement (Single/Multiple)
<input type="radio"/> Full Mouth Rehabilitation	<input type="radio"/> Full Arch Implants (All-on-4)
<input type="radio"/> Bone Grafting	<input type="radio"/> Sinus Lift, Ridge Augmentation
<input type="radio"/> TMJ Disorders	<input type="radio"/> Jaw Joint/Temporomandibular Issues
<input type="radio"/> Facial Trauma	<input type="radio"/> Fractures, Soft Tissue Injuries
<input type="radio"/> Periodontal Surgery	<input type="radio"/> Crown Lengthening
<input type="radio"/> Sedation Consult	<input type="radio"/> IV/Nitrous Sedation
<input type="radio"/> Other:	<input type="radio"/> Other:

Referred Office Location ☐ Raleigh ☐ Zebulon

MEDICAL HISTORY

Notes/Concerns (Please indicate any relevant medical conditions, allergies, or treatments)

IMPLANT-SPECIFIC INFORMATION

Current Prosthetic Status (e.g., removable, fixed partial, full denture):

Bone Loss/Condition (If known):

Prior Treatments/Surgeries:

Current Medications (Important for surgical planning):

Smoking History (Yes/No, or current smoker):
