



433 Carriage Drive  
Beckley, WV 25801  
(304) 256-3777  
FAX (304) 256-3779

807 Broad Street  
Summersville, WV 26651  
(304) 872-0300  
FAX (304) 872-5999

220 Locust Street  
Princeton, WV 24740  
(304) 425-8220  
FAX (304) 425-8238

**REFERRAL SLIP: PLEASE FAX TO THE ABOVE OFFICE AT WHICH THE PATIENT WISHES TO BE APPOINTED**

**DATE:** \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

PP: \_\_\_\_\_

CHIPS: \_\_\_\_\_

Medicaid: \_\_\_\_\_  
(Age 20 & Under-Only)

Health Problems and/or Medications: \_\_\_\_\_

**OFFICE PREFERENCE:**  
(Please Circle Office)

SUMMERSVILLE

BECKLEY

PRINCETON

DR. LEWIS GILBERT

DR. KRSTAL THOMPSON

DR. C. MAC WORLEY

**REFERRING OFFICE INFORMATION:**

Name of Referring Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

FAX: \_\_\_\_\_

**PANOREX:**

Pt. Bringing: \_\_\_\_\_ US Mail/Email: \_\_\_\_\_ Needs New Pano: \_\_\_\_\_

\*Must be a current Panorex (Taken within a year of the scheduled appointment)\*

**REASON for CONSULTATION:**

Implant \_\_\_\_\_

Orthodontic  
Expose & Ligate

\_\_\_\_\_ Wisdom Teeth Extractions

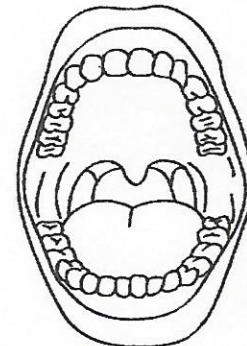
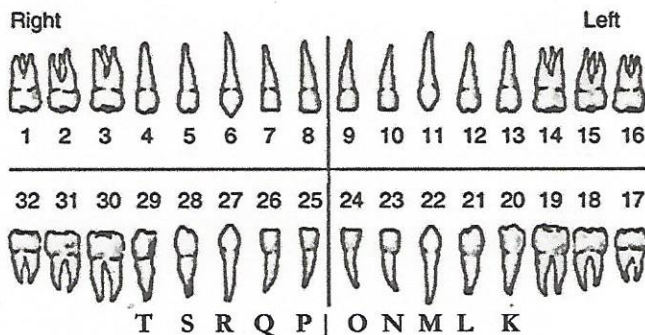
\_\_\_\_\_ Dento-Alveolar

\_\_\_\_\_ Pathology

**NOTES:** \_\_\_\_\_

**\*Please circle teeth that need removed and/or areas that need evaluated on charts below\***

A B C D E | F G H I J



(For Oral Surgeon's Use Only) APPOINTMENT DATE: \_\_\_\_\_

TIME: \_\_\_\_\_