Patient Referral Form

Village Family Dental
Ryan, James, Wiles, Patel & Olsen LLP

Fayetteville
2029 Valleygate Drive, Ste. 201
Fayetteville, NC 28304
Phone (910) 485-8884
Fax (910) 485-8287

Village Kids Fayetteville
1031 Weiss Avenue
Fayetteville, NC 28305
Phone (910) 486-4180
Fax (910) 486-4188

St. Pauls
312 W. McLean Street
St. Pauls, NC 28384
Phone (910) 446-1130
Fax (910) 446-1129

Eastover
3551 Dunn Road, Ste. 102
Eastover, NC 28312
Phone (910) 437-0232
Fax (910) 689-1852

Raeford
104 W. Southern Avenue
Raeford, NC 28376
Phone (910) 875-4008
Fax (910) 904-1200

Hope Mills
5710 Rockfish Road
Hope Mills, NC 28348
Phone (910) 424-3623
Fax (910) 424-3639

Laurinburg
109 McAlpine Lane
Laurinburg, NC 28352
Phone (910) 276-6640
Fax (910) 276-6538

Village Kids Lumberton
725 Wesley Pines Rd.
Lumberton, NC 28358
Phone: (910) 802-4777
Fax: (910) 887-2202

Village Orthodontics
Hope Mills
3102 North Main Street, Hope Mills, NC 28348
(910) 446-8182
Fax: (910) 400-1183

Fayetteville
2029 Valleygate Drive, Ste. 201
Fayetteville, NC 28304
(910) 485-7818
Fax: (910) 500-6975

Patient Details

First Name _____ Last Name _____

Address _____

Phone *(cell)* _____ *(home)* _____ D.O.B. ___/___/___

Email _____

Insurance Coverage ☐ Cash ☐ Insurance ☐ Medicaid

Has patient been referred before? ☐ Yes ☐ No

X-rays enclosed? ☐ Yes ☐ No

Referring Practitioner Details

Practice Name _____ Referring Doctor _____

Address _____

Email _____

Office Phone _____

Signature of Referring Practitioner _____

Please Indicate Type(s) of Referral

☐ Cosmetic Dentistry ☐ Implants ☐ Endodontic Treatment
☐ Consultation ☐ Prosthodontics ☐ Pediatric Dentistry
☐ Orthodontics ☐ Sedation Dentistry ☐ Extractions
☐ Dentures/Partials ☐ Periodontics

Referral Information