

ASHEVILLE PERIODONTICS

Dr. Susanna M. Goggin, D.M.D. P. A.
**602 Alliance Court
Asheville, NC 28806**

Referral Form

Date: _____

Referring Practice: _____

Contact Name: _____

Patient Name: _____

Patient Details:

**If possible, please appoint the patient for a consultation with our office
while they are still at your office.**

When emailing the referral slip, please include the radiographs and insurance information for the patient being referred. We prefer to have an FMX so we can diagnose as much as possible, even if you are sending the patient over for a limited exam.

If you do not have digital radiographs capabilities, please mail us a copy of the radiographs to:

**Dr. Susanna Goggin
602 Alliance Court
Asheville, North Carolina, 28806**

Please let us know if you have any appointment-back preferences. We want to make sure we facilitate the patient going back to your office in a smooth and efficient manner.