



Blake P. Nelson, DDS

3066 Trenwest Drive
Winston-Salem, NC 27103
(336) 760-1277

Patient Information

Patient Name: _____

Date of Birth: _____

Patient Phone #: _____

Significant Medical History Findings:

Referring Office Information

Referring Office: _____

Referring Doctor: _____

Office Phone #: _____

- ☐ Patient to contact your office to schedule
☐ Please contact patient to schedule

Reason for Referral

- ☐ IV Sedation
☐ Oral Sedation
☐ Nitrous Oxide Sedation
☐ General Dentistry
☐ Other _____

Please Note: Our office does not offer same-day treatment for IV or oral sedation. The patient will need to schedule a separate appointment for treatment following their consultation visit.

Radiographs

- ☐ Enclosed
☐ Emailed
☐ Please take necessary radiographs

Following Treatment

- ☐ Please return patient to my office for routine visits
☐ Please keep patient for routine visits
☐ Other _____

Remarks

To Send Referral Form

Email: email@nelsondds.net

Fax: 336- 760-3975

Mail: 3066 Trenwest Drive, Winston-Salem NC 27103

Please do not hesitate to call our office at (336) 760-1277 with any questions or concerns