

C. KNOX McMILLAN, D.D.S., M.S.  
PRACTICE LIMITED TO PERIODONTICS  
2310 MYRON DRIVE  
RALEIGH, N. C. 27607  
TELEPHONE 781-6217

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

Mr. / Mrs. \_\_\_\_\_

Has an appointment for \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Phone \_\_\_\_\_

PATIENT WILL BE INSTRUCTED TO RETURN TO REFERRING DENTIST  
FOR CONTINUING DENTAL CARE

- GENERAL PERIODONTAL EXAM/CONSULT
- LOCALIZED CONSULT #'s \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

