



# Greenfield Periodontics and Implant Dentistry

Julie L Combs DDS MS

*Practice Limited to Periodontics*

120 W McKenzie Rd, Suite J Greenfield, IN 46140

Ph: 317-477-3000

Date: \_\_\_\_\_ Referred by Dr. \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Patient's Phone # \_\_\_\_\_

Appointment: \_\_\_\_\_

### Reason for Referral

Complete Periodontal Evaluation

*Please indicate areas for any of the following:*

Limited Exam

Implant Consult

Root recession

Frenectomy

Gingival Contouring

Crown Lengthening

Ridge Augmentation

Emergency/ Abscess

Other \_\_\_\_\_

### FMX Radiographs

Need to be taken

Sending current FMX/PAs \_\_\_\_ with patient, \_\_\_\_ emailed, \_\_\_\_ in mail

### Previous Periodontal Treatment

None

Quad Scaling and Root Planing Quads: UR LR UL LL

Date completed: \_\_\_\_\_

**Restorative plans or other information relevant to patient's  
treatment:**