



166-A Murray Guard Drive
Jackson, TN
Phone (731) 660-6244
Fax (731) 660-3286

1026-A Kelley Drive
Paris, TN
Phone (731) 641-0540
Fax (731) 641-0541

Referred By: _____ Date: _____

Patient: Name _____

Address _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Referred For:

- | | |
|--|--|
| <input type="checkbox"/> Periodontal Examination | <input type="checkbox"/> Cosmetic Periodontal Surgery Evaluation |
| <input type="checkbox"/> Implant Evaluation Only | |
| <input type="checkbox"/> Orthodontic Surgical Evaluation | <input type="checkbox"/> Prosthetic Surgical Evaluation |

X-Rays Being Sent: Full Mouth Periapical Series

Panorol X-Ray

Bitewings

Individual PA

X-Rays Will Be: Sent with Patient

Mailed Prior to Appt.

I would prefer the I.P.I. office to make any x-rays necessary.

Referring Doctors Comments or Restorative Plans: _____

Appt. Date _____ Time _____

Location: Jackson Paris Appointment with Dr. _____

1. Referring Dr. 2. Patient's Copy 3. Mail to I.P.I.