



649 Lone Oak Road  
Paducah, KY 42003  
Phone (270) 575-6301

1026-A Kelley Drive  
Paris, TN 38242  
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: Paducah Paris Appointment with Dr. \_\_\_\_\_

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