



**C.I.P.**

**Central Indiana Periodontics P.C.**

PRACTICE LIMITED TO PERIODONTICS AND IMPLANTOLOGY

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**Introducing** \_\_\_\_\_

**Patient Phone #** \_\_\_\_\_

**Referred by Dr.** \_\_\_\_\_

- Comprehensive Periodontal Examination
- Limited Examination: Area \_\_\_\_\_
  - Crown Lengthening
  - Bone Loss
  - Frenum
  - Gingival Graft
- Implant Examination: Area \_\_\_\_\_
- Other \_\_\_\_\_

**Radiographs:**

- Please take full mouth survey
- Please take x-ray of area
- We are sending x-ray(s)

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**Appointment Time and Date:** \_\_\_\_\_