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Diplomate American Board of Periodontology

Date: _____ Referred by Dr. _____

Patient's Name: _____

Patient's Phone # _____

Appointment Date: _____

Reason for Referral

- Complete Periodontal evaluation
Please indicate area 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 patients
Treatment: