



**INDIANAPOLIS PERIODONTAL**  
*& Dental Implant Associates*

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Noblesville, IN 46062  
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📠 317-846-5986  
✉ smiles@indyperiodontal.com

**REFERRAL PORTAL  
SCAN TO REFER**



indyperiodontal.com/refer

☐ DR. ANAND PATEL

☐ DR. SHARJEEL BUTT

☐ FIRST AVAILABLE DOCTOR /  
NO PREFERENCE

(PLEASE E-MAIL X-RAYS TO: SMILES@INDYPERIODONTAL.COM)

📅 DATE \_\_\_\_\_ PATIENT NAME \_\_\_\_\_ DOB \_\_\_\_\_

☎ PHONE \_\_\_\_\_ ⌚ APPT. DATE / TIME \_\_\_\_\_

👤 REFERRING DR. \_\_\_\_\_ ☎ OFFICE PHONE \_\_\_\_\_

✉ OFFICE E-MAIL \_\_\_\_\_ 💬 PREFERRED METHOD OF COMMUNICATION: ☐ Phone ☐ E-Mail

 **I AM REFERRING THIS PATIENT FOR:**

☐ Comprehensive Perio. Eval.

☐ Limited Perio. Eval.

☐ Same Day Treatment

☐ Emergency

**PLEASE CIRCLE AREA OR TEETH IN QUESTION**

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| UR | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | UL |
| LR | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | LL |

☐ Implants: ☐ Straumann ☐ BioHorizons ☐ Other \_\_\_\_\_

(Restorative Preferences) Digital Impression ☐ Yes ☐ No – Lab \_\_\_\_\_ Shade \_\_\_\_\_

☐ AOX U/L – Teeth-in-a-day

☐ Biopsy

☐ Bone Regeneration  
(Guided Tissue Regeneration)

☐ Cosmetic Gingival Contouring

☐ Crown Lengthening

☐ Extractions \_\_\_\_\_

☐ Other \_\_\_\_\_

☐ Tongue-Tie / Frenulectomy

☐ Laser Periodontal Surgery (LANAP)

☐ Sinus Augmentation

☐ Soft Tissue Grafting  
(Root Coverage Procedures)

☐ Treatment of Failing Implant

☐ Vertical / Horizontal Ridge Augmentation



**SPECIAL RESTORATIVE PLAN:**



**SPECIAL INSTRUCTIONS (premed, etc.):**



**PERIODONTAL THERAPY COMPLETED IN YOUR OFFICE:**

DATE \_\_\_\_\_

☐ Scaling and Root Planing ☐ Prophylaxis

☐ Periodontal Maintenance Therapy



**RADIOGRAPHS:**

DATE \_\_\_\_\_

☐ Being Mailed / E-Mailed

☐ Given to Patient

☐ Please Take