

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

FIRST CLASS PERMIT NO.246 FLORENCE, KENTUCKY

POSTAGE WILL BE PAID BY ADDRESSEE

Lloyd E. Parmley D.M.D.  
6909 Burlington Pike, Suite B  
Florence, KY 41042-1618

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

**Appointment** (Please check one):

Please call patient for appointment.       Patient phone number: \_\_\_\_\_

Patient will call your office for appointment.

**X-Rays** (Please check one):

A complete series:

is enclosed.       is available.       has been mailed.       if needed, please return patient to our office.

patient will bring.       if needed, please take films.

**Treatment Plan:**

So we can support your recommendations, please provide your future treatment plan.

Crowns (tooth #s): \_\_\_\_\_      Bridges (locations): \_\_\_\_\_

Removable prosthesis (location): \_\_\_\_\_      Comments: \_\_\_\_\_

**To help us better prepare:**

1. Is the patient physically handicapped?       Yes       No      Comments: \_\_\_\_\_

2. Is premedication needed?       Yes       No      Comments: \_\_\_\_\_

Dr. \_\_\_\_\_      Date: \_\_\_\_\_