



**LLOYD
E.
PARMLEY**
D.M.D.

*A Practice Limited to
Periodontics
Dental Implants
Gum Diseases*

PATIENT NAME: _____

Address: _____

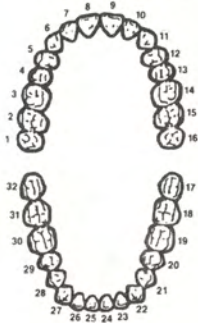
APPOINTMENT (Please Check One):

- 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.
- has been mailed
- patient will bring
- if needed, please take films.
- is available.
- if needed, please return patient to our office.



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

Crowns (tooth #s): _____

Bridges (locations): _____

Remov. prosth. (location): _____

COMMENTS: _____

- Upon patient's completion of periodontal treatment, please call us to schedule an appointment for him/her with our office.

TO HELP US BETTER PREPARE:

- 1 Is the patient physically handicapped? Yes No
Comments: _____
- 2 Is premedication needed? Yes No
Condition: _____
- 3 In your office, does the patient prefer...
 Nitrous Headphone music Neither

SEND ADDITIONAL:

- X-ray envelopes
- Patient brochures
- Treatment Planning Sheets

Dr. _____

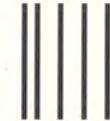
Date _____

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Suite B
Florence, KY 41042
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800-432-6543
FAX 859-282-3112

40 Grand Avenue
Suite 305
Ft. Thomas, KY 41075
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LLOYD E. PARMLEY
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