



Periodontal & Implant Associates
of Middle Tennessee, PLLC

Robert P. Pulliam, DMD, MS
David Meister, DMD, MS
Jeff Penner, DDS, MS
James Fili, DDS, MS
Eric Brockman, DMD, MSD

See reverse for directions.

PATIENT REFERRAL

Introducing: _____

Appointment Date & Time: _____

GREEN HILLS (615) 297-8973
4205 Hillsboro Pike, Ste 101
Fax (615) 297-6603

BRENTWOOD (615) 988-2603
1177 Old Hickory Blvd., Ste 101
Fax (615) 988-2661

HENDERSONVILLE (615) 264-6404
100 Springhouse Ct., Ste 220
Fax (615) 264-0689

FRANKLIN (615) 794-4226
101 Forrest Crossing Blvd., Ste 105B
Fax (615) 794-7966

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

Date: _____ Referring Dr. _____ Phone: _____

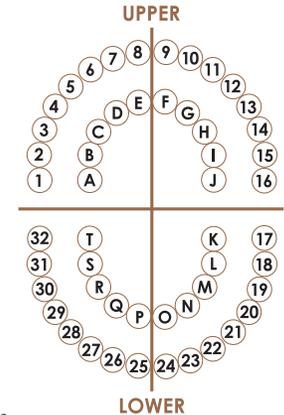
This patient is being referred for evaluation of the following:

- Biopsy / Oral Lesion
- Comprehensive Periodontal Evaluation
- Crown Lengthening
- Frenectomy
- Gingival Contouring for Cosmetics
- Gingival Recession/Soft Tissue Grafting
- Implant Consultation
 - Extraction & Ridge Preservation
 - Ridge Augmentation/Bone Graft
 - Abutment Placement
 - Sinus Lift

- Isolated Periodontal Evaluation
- Orthodontic Co-therapy
 - Tooth Exposure
- Smile / Esthetic Evaluation
- Other: _____

Comments: _____

- Please call BEFORE exam
- Please call AFTER exam
- Call to develop treatment plan
- Radiographs sent

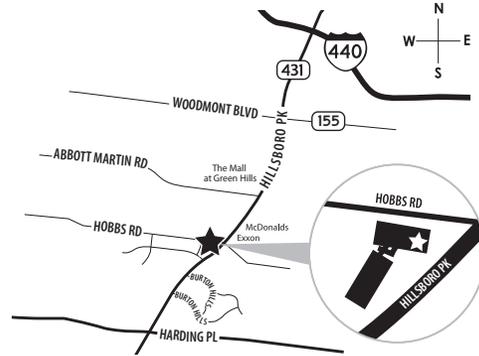


IMPORTANT INFORMATION FOR OUR VALUED PATIENTS

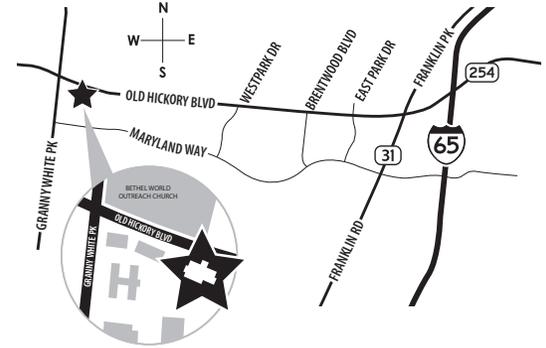
Your appointment time is specifically reserved for you. If you cannot keep your appointment, please inform the office no later than 24 hours in advance so that the time may be given to another patient.

1. If you have any x-rays or letters from your doctor, bring those with you when you come or arrange for them to be here at the time of your appointment. We can take them at our office if needed.
2. If you are taking medicine of any kind, bring a list of the medication(s) including dosage.
3. If you have Dental Insurance, make sure you bring the information needed to file your claim. Bring any Dental Insurance card(s) and completed insurance forms when applicable. Your Estimated Copay is required the day of the appointment.
4. Minors must be accompanied by a parent or guardian.

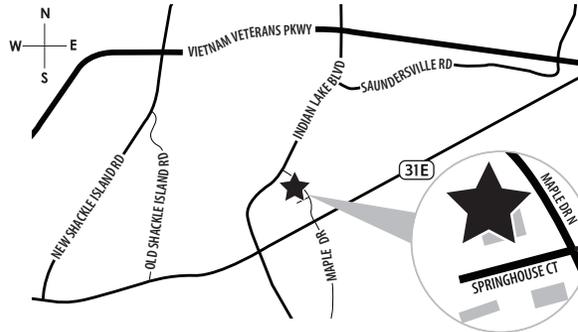
GREEN HILLS 615-297-8973
4205 Hillboro Pike, Suite 101
Nashville, TN 37215



BRENTWOOD 615-988-2603
1177 Old Hickory Boulevard, Suite 101
Brentwood, TN 37027



HENDERSONVILLE 615-264-6404
100 Springhouse Ct., Suite 220
Hendersonville, TN 37075



FRANKLIN 615-794-4226
101 Forrest Crossing Blvd., Suite 150B
Franklin, TN 37064

