



POST FALLS PERIODONTICS

& IMPLANT DENTISTRY

DR. JOSEPH MCCOMBS, DDS, MS

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Contact us at 208.777.1796 or visit postfallsperio.com to schedule your appointment today.

Referred by Dr. _____

Today's Date _____

PATIENT INFORMATION

Patient's Name _____

Phone Number _____

History of Periodontal Treatment _____

REFERRAL INFORMATION

Evaluate the following teeth:

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

For the following condition/treatment(s)

☐ Periodontal Disease

☐ Dental Implants

☐ Gingival Recession

☐ Extraction(s)

☐ Crown Lengthening

☐ Other _____

Radiographs Available

☐ Yes, we will send radiographs

☐ No, Dr. McCombs may take necessary radiographs

Comments