



FAYETTE MALL
DENTAL
ASSOCIATES

3615 Nicholasville Road, Suite G-734
Lexington, KY 40503
(Please see back for map)

Specialists in Periodontics

Dr. Michael Piepgrass, DMD, MS

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Today's Date: _____

Appointment _____

Introducing:

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Daytime): _____ E-mail: _____

Reason for Referral:

- ☐ Complete Periodontal Examination and Treatment
- ☐ Examination and treatment of specific area or tooth/teeth _____
- ☐ Implant Therapy _____
- ☐ Extraction _____
- ☐ Site Preparation for Implants _____
- ☐ Sinus augmentation _____
- ☐ Gingival Recession/Grafting _____
- ☐ Crown Lengthening _____
- ☐ Other or Comments _____

Please indicate the area of concern:

RIGHT								LEFT							
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

Radiographs:

- ☐ Please take as necessary
- ☐ Recent radiographs sent by email _____ or with patient _____

Referring Doctor (please include telephone number and email address):

THANK YOU FOR THE CONFIDENCE OF YOUR REFERRAL