


perioindy
SARAH HERD, DDS, MSD

- date: _____ • referred by: _____
- introducing: _____
- sex: m / f • dob: _____
- patient phone #: _____ • alternative #: _____

consultation for:

- _____ evaluation and treatment of periodontal disease
- _____ limited examination: area _____
- __ crown lengthening __ bone loss (bone graft needed)
- __ frenum __ biopsy
- __ recession/mucogingival issue __ hard/soft tissue augmentation
- _____ implant(s) area _____
- _____ extraction and socket preservation: area _____
- _____ other: _____

radiographs:

- _____ please take any needed x-rays
- _____ we are sending x-ray(s)
- _____ given to patient to bring to appointment

comments/notes:

- _____ please call before the consultation
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-

if you are taking any medication, please prepare a list including dosages and bring it with you to your consultation appointment.

your confidence is greatly appreciated.

WWW.PERIO-INDY.COM

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DIRECTIONS:

At this time, Google maps and most GPS do not accurately show directions to our office.
Please enter the Sycamore Springs office complex from 82nd Street.
We are located in the southwest corner of the complex.