

**Kurt D. Van Winkle, D.D.S., M.S.D.**

*Practice Limited to Periodontics and Implant Surgery*

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Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Dr.'s Phone # \_\_\_\_\_

The Patient  has an appointment with you on \_\_\_\_\_  
 will contact your office.

**Please Perform:**

- Complete Periodontal Exam
- Limited Periodontal Exam For: \_\_\_\_\_
- Implants \_\_\_\_\_  Osseous Regeneration \_\_\_\_\_
- Soft Tissue Graft \_\_\_\_\_  Frenectomy \_\_\_\_\_
- Crown Lengthening \_\_\_\_\_  Ridge Augmentation \_\_\_\_\_
- Emergency / Abscess \_\_\_\_\_
- Patient would benefit from I.V. sedation

- Please Take FMX
- Sending FMX Date \_\_\_\_\_
- Sending PA's For Teeth # \_\_\_\_\_

Past Root Planning:  Yes  No      Quads: UR LR UL LL  
Date Completed: \_\_\_\_\_

Patient's Primary Concern: \_\_\_\_\_  
\_\_\_\_\_

Initial Restorative Thoughts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_