



- ☐ Dr. Marq J. Sams
- ☐ Dr. Prashan Shanthakumar

Date _____

Patient Name _____ DOB _____

Mailing Address _____

Phone Number _____ / _____ / _____
Home Work Cell

Referring Doctor _____

Phone _____

Email

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

	A	B	C	D	E	F	G	H	I	J	
Right											Left
	T	S	R	Q	P	O	N	M	L	K	

☐ Consultation for: ☐ Implants ☐ Perio ☐ Other _____

Comments _____

☐ Radiographs with patient
☐ Models with patient
☐ Please call before patient is seen for consultation

☐ No current Radiographs
☐ Radiographs will be mailed
☐ Radiographs will be emailed

Marq J. Sams, D.M.D., M.S., P.A. | Prashan Shanthakumar, D.D.S., M.S.



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(316) 683-2525

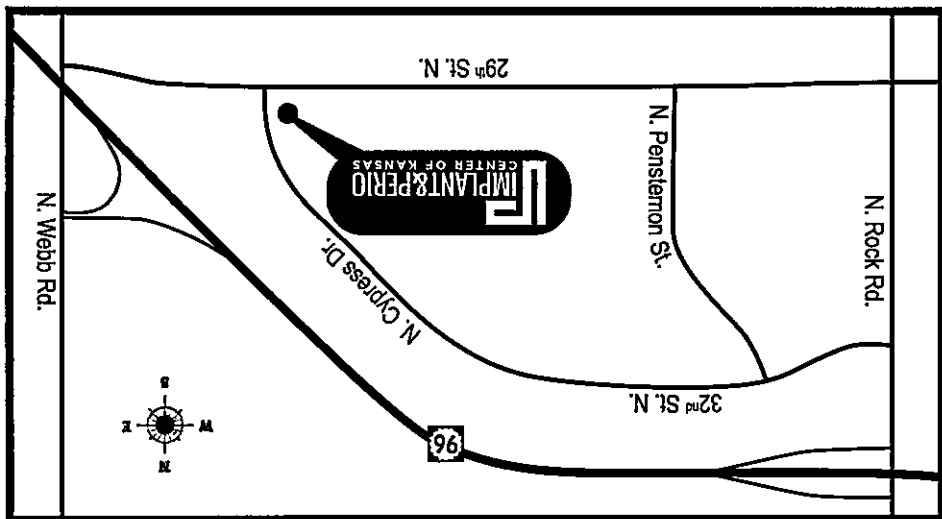
Practice Limited to Periodontics and Dental Implants

Day

Date

Hour

Please give at least 2 business days notice of any appointment changes.



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