IMPLANT&PERIO
CENTER OF KANSAS

9100 E. 29th St. N.
Wichita, Kansas 67226
Phone: (316) 683-2525
Fax: (316) 683-9385
www.implantandperio.com

Referral Notice

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

Date _____

Patient Name _____ DOB _____

Mailing Address _____

Phone Number _____ (Home) / _____ (Work) / _____ (Cell)

Referring Doctor _____

Phone _____

Email _____

Right

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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

Left

Right

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

Left

☐ 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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Practice Limited to Periodontics and Dental Implants

Day _____ *Date* _____ *Hour* _____

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

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 5571000 WICHITA, KS

POSTAGE WILL BE PAID BY ADDRESSEE

IMPLANT AND PERIO CENTER OF KANSAS
9100 E 29TH ST N
WICHITA KS 67226-9910