

Wint

PERIODONTIST P.A.

STANLEY L. WINT, DDS

10870 Benson
Building 21, Suite 2100
Corporate Woods
Overland Park, KS 66210
(913) 451-6158, 451-6159
FAX: (913) 451-9463

Date: _____

Allow me to introduce my patient:

for evaluation in your office. His/Her telephone numbers are:

(H) _____ (W) _____ (C) _____

My findings indicate a need for:

- Comprehensive periodontal evaluation
- Crown lengthening
- Evaluate recession
- Management of mucogingival defects
- Osseous graft (regenerative periodontal surgery)
- Osseous or soft tissue ridge augmentation
- Dental implant placement/management
- Management of periodontal-endodontic lesion
- Frenectomy
- Impacted tooth uncovering
- Other

Medical history concerns: _____

History of previous periodontal treatment: _____

Additional remarks: _____

Special problems are limited to:

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

Please contact patient to schedule an appointment.

We have scheduled an appointment with your office on

_____ at _____.

Appropriate Radiographs:

Mailed Sent with patient
May be taken in your office and a
copy sent for our records

Referring Doctor's Signature

Referring Doctor's Phone Number

Please fax this referral to (913) 451-9463 or mail with appropriate radiographs.
Thank you.

