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Referred by _____ Date _____

APPOINTMENT DATE _____

Referred To Dr. Horn Dr. Flynn No Preference

Patient Information

Name _____

Address _____

Telephone {H} _____ {W} _____ {C} _____

Date of Birth _____ Email _____

Please Check All That Apply

EXAMINATION General Specific

POSSIBLE TREATMENT Soft Tissue Graft Crown Lengthening Pocket Reduction
 Dental Implant(s) Sinus Elevation Extraction
 Bone Graft/ GTR Ortho Exposure Wilckodontics
 Frenectomy Gingivectomy Oral Pathology

AREA OF CONCERN _____

Last recall to your office? _____

Recall Frequency _____

Date of last BWX _____

Date of last Pano _____

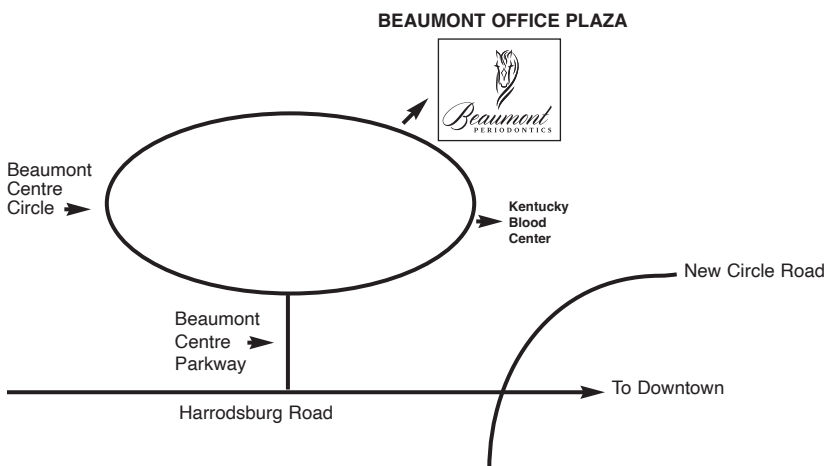
Date of last FMX _____

Length of time in your practice? _____

Restorative plan _____

Any health concerns associated with this patient? _____

Would you like me to call before I see this patient? yes no



Dear Patient,
 Your first appointment in our office will include a comprehensive periodontal examination. Please expect to spend 1- 1.5 hours with us. We will provide an objective diagnosis of your periodontal health and present a treatment plan or treatment plan options. The amount of time required, fees and procedure details will be discussed. You will have an opportunity to raise any questions and concerns and we will be glad to answer them. We are passionate about periodontics and our patients. We look forward to welcoming you to our practice.

Find us on:

