



**MIDWEST DENTAL**  
SPECIALISTS

**Dr. Apoorv Goel, BDS, MS, MSD**  
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**Introducing:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Patient Phone:** \_\_\_\_\_

**Referred by Dr.:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

☐ Comprehensive Periodontal Examination

☐ Limited Examination: Area \_\_\_\_\_

☐ Crown Lengthening

☐ Bone Loss

☐ Frenum

☐ Gingival Graft

☐ Implant Examination: Area \_\_\_\_\_

**Radiographs:**

☐ Please take full mouth survey

☐ Please take x-rays

☐ We are sending x-rays

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Appointment Date & Time:** \_\_\_\_\_