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Practice Limited to Periodontics and Implant Dentistry

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Introducing _____
appointment on _____

Patient is referred for
____ emergency treatment ____ crown lengthening _____
____ facial pain (TMJ) ____ pre-prosthetic
____ complete perio examination ____ implants
____ mucoginival evaluation ____ specific area _____

Available radiographs _____

Please mail or e-mail prior to patient's first visit or send with patient. They will be duplicated & returned.

To help us better prepare, the patient, _____
____ Is a new patient
____ Is an active treatment patient
____ Is on recall every _____ months
____ Has had a recent scaling
____ Has had antibiotics/perio surgery _____
____ Patient concerns _____

Special comments _____

Dr. _____