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Practice Limited to Periodontics & Implants

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Introducing _____

Appointment (please check one)

- Please call patient for appointment. Patient phone _____
Patient will call your office for appointment

X-Rays (please check one)

A complete series:

- is enclosed
has been mailed
patient will bring

Previous Periodontal Treatment

- Root Planing. When _____
Surgery. When _____

Areas of Concern _____

Implants _____

Anticipated Restorative Treatment _____

Comments _____

Send Additional

- Patient Brochures
Referral Slips

Dr. _____

Date _____

Appointment Date _____ Time _____

