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Introducing _____

Referred by _____ Date _____

My patient requires:

- ☐ Complete Periodontal Examination
- ☐ Emergency Treatment
- ☐ Implant Treatment
- ☐ Crown Lengthening
- ☐ Esthetic Periodontic Treatment
- ☐ I.V. Sedation
- ☐ Other

Remarks:

I plan the following restorative/prosthetic dentistry:

Recent full mouth x-rays are available ___ Yes ___ No

Date Taken: _____

Patient Appointment:

Date _____ Time _____

Map on other side