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Name _____

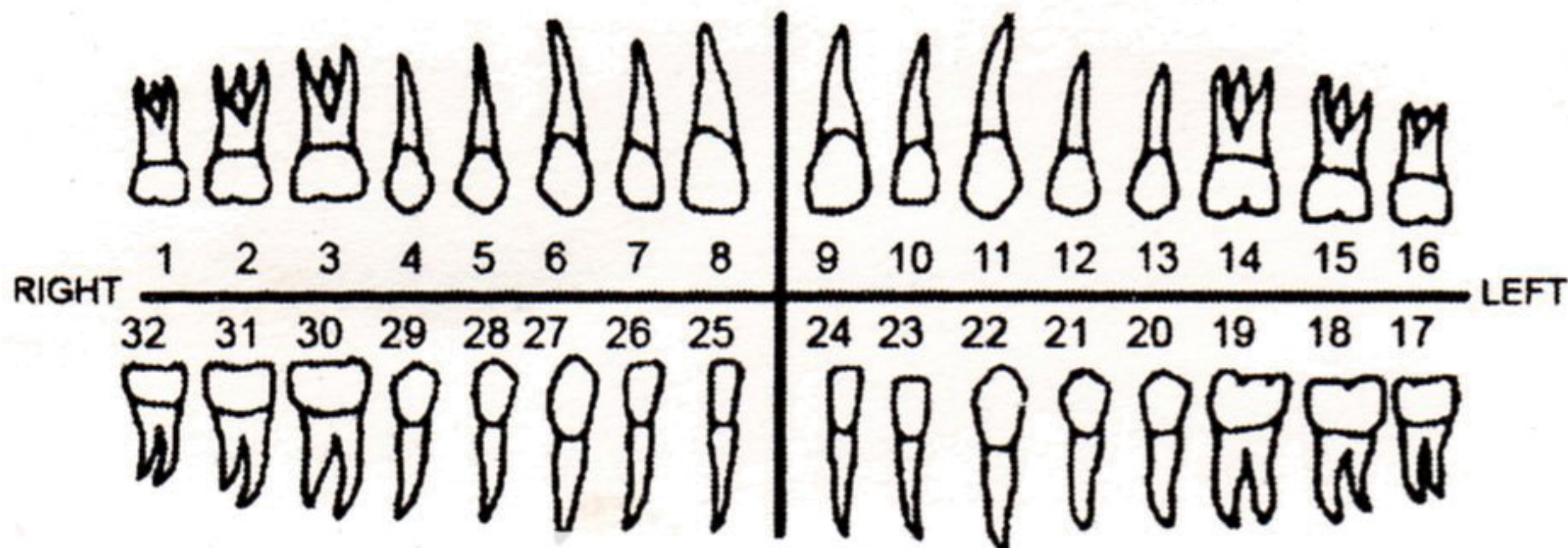
Phone _____ Business Phone _____

Referred by _____ Date _____

1. TYPE OF EXAMINATION REQUESTED

Please check below and send white copy to us

- Comprehensive Periodontal Evaluation
- Prescriptive Surgical (*e.g. crown lengthening, ridge augmentation*)
- Mucogingival Problems (*e.g. gingival grafts, frenectomy*)
- Emergency (*following emergency care would you like us to perform a comprehensive periodontal examination?* yes no)
- Implants (*System preferred* _____)
- Other (*e.g. oral pathology, biopsy*)



COMMENTS _____

2. RADIOGRAPHS

- Current x-rays enclosed
- Patient has x-rays