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THIS IS TO INTRODUCE:

Patient's Name: _____ Date: _____

Date of Birth: _____ **PRE-MED?** _____

Best Contact Phone #(s): _____ / _____

Patient's email: _____

Referring Doctor: _____

PATIENT IS BEING REFERRED FOR:

- Periodontal Examination (current FMX or pano needed)
Specific areas of concern: _____
- Implant Evaluation#(s) _____ (current FMX and/or Pano needed)
- Extraction #(s): _____ (current PA(s) needed)
- Tissue Graft #(s): _____
- Biopsy: _____
- Other: _____

COMMENTS: _____

FMX / PA(s) Mailed/E-mailed With Patient Please Take
[frontdesk@sierranvperio.com]

PREVIOUS ROOT PLANING? _____ **DATE(s):** _____

APPOINTMENT: _____ **TIME:** _____