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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](mailto:frontdesk@sierranvperio.com)]

**PREVIOUS ROOT PLANING?** \_\_\_\_\_ **DATE(s):** \_\_\_\_\_

\_\_\_\_\_

**APPOINTMENT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_