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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 [frontdesk@sierranvperio.com] ☐ With Patient ☐ Please Take

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

_____

APPOINTMENT:_____**TIME:**_____