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INTRODUCING \_\_\_\_\_

Please provide periodontal evaluation and treatment as indicated:

Please provide full-mouth periodontal examination and evaluation.

Please provide periodontal evaluation limited to: \_\_\_\_\_

Please evaluate for gingival recession # \_\_\_\_\_

Please evaluate for crown length # \_\_\_\_\_

Please evaluate for implant # \_\_\_\_\_

Has any periodontal treatment been performed recently in your office?

Yes  No

If yes, please indicate treatment and dates \_\_\_\_\_

Other \_\_\_\_\_

Recent Full Mouth Radiographs ARE / ARE NOT available.

Recent Panorex IS / IS NOT available.

An appointment has been reserved for \_\_\_\_\_ date \_\_\_\_\_ at \_\_\_\_\_ time

Referred By \_\_\_\_\_ Date \_\_\_\_\_ 1/21