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Patient Name: _____

Date: _____

Referred by Dr. _____

Reason for Referral:

- Periodontal Disease. Last root planning _____ (if applicable)
- Implants and related procedures
- Gingival recession
- Crown lengthening
- Frenectomy

Radiographs

- Enclosed
- FMS Date: _____
- Please take necessary radiographs

Comments
