

Kurt W. Kline DMD

Diplomate of the International Congress of Oral Implantologists

Fellow of the American Society of Osseointegration

Associate Fellow of the American College of Oral Implantology

Fellow of the Misch International Implant Institute

implant
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Phone: (518) 563-6666

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E-Mail: office@implantdental.com

Website: www.implantdental.com

Referring Doctor _____ Date ____/____/____

Patient Name _____

Patient Cell/ Telephone number _____

Appointment Date ____/____/____ Time _____

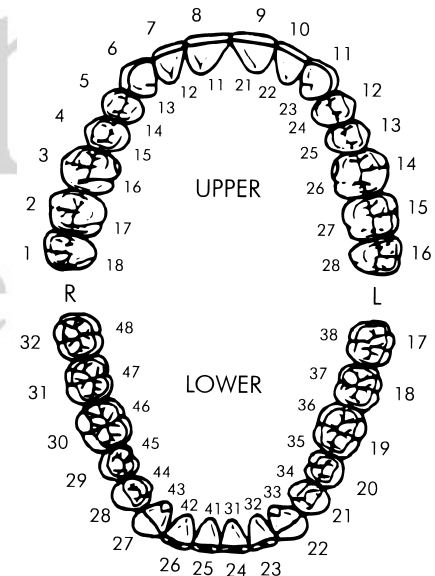
Patient to be contacted by our office? Yes No

Radiographs:

- E-Mailed Taken at exam
- Enclosed Patient will bring

Requested Treatment:

- Dental Implant Consultation
- Bone Grafting
- _____



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