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INTRODUCING _____

REFERRING Dr. _____

- ☐ FULL PERIODONTAL EVALUATION
- ☐ CROWN LENGTHENING
- ☐ LASER PERIODONTAL THERAPY (LANAP)
- ☐ SOFT TISSUE GRAFTING
- ☐ PINHOLE GUM REJUVENATION
- ☐ GUIDED TISSUE REGENERATION
- ☐ DENTAL IMPLANTS
- ☐ RIDGE AUGMENTATION
- ☐ EXTRACTION AND SITE PRESERVATION
- ☐ SINUS AUGMENTATION
- ☐ PERI-IMPLANTITIS (LAPIP)
- ☐ OTHER

REMARKS: _____

RADIOGRAPHS: ☐ ENCLOSED ☐ WILL SEND ☐ PLEASE TAKE