



HIGH POINT PERIODONTICS
DENTAL IMPLANTS

Date of Referral _____

Introducing: _____

Referred By: _____

Appointment Date: _____

- Please consult for:
- General Perio Isolated Perio/Area Teeth/Tooth No. _____
 - Recession _____
 - Extraction Tooth/Teeth No. _____ Implants/Site _____
 - Crown Lengthening/Esthetics Teeth/Tooth No. _____
 - Other/Add'l Comments _____
- _____

Please email any relevant x-rays performed in the last 3 years:

- PA PANO FMX

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"Saving Smiles through comfortable, modern periodontics and dental implants."