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In-network with most dental insurances

Introducing: _____ Phone: _____

Date: _____ From Dr. _____

Radiographs:

Please take new radiographs Emailed to your office

Scaling & Root Planing performed at your office: Yes No

PERIODONTAL CONCERNS:

- Comprehensive Periodontal Examination
- Limited Periodontal Evaluation : _____
- Crown lengthening : _____
- Recession : _____
- Biopsy: _____
- Frenectomy: _____
- Other: _____

COSMETIC CONCERNS:

- Esthetic Crown lengthening: _____
- Gingival Augmentation/Pinhole: _____
- Tooth Uncovering: _____

DENTAL IMPLANTS:

- Implant evaluation area: _____
- Restorative Concerns: _____

Comments: _____