



Periodontal Associates, P.A.

Architects of Health

Practice limited to Periodontics and Implants

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Diplomate, American Board of Periodontology

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Diplomate, American Board of Periodontology

Date: _____

Referring Doctor: _____

Patient Name: _____ Phone # _____

Date of last Full Series X-Rays: _____

Referred for:

_____ Complete Periodontal Evaluation

_____ Particular Area(s) of Concern: _____

_____ Crown Lengthening - Area: _____

_____ Soft Tissue Graft/Recession - Area: _____

_____ Implant Evaluation - Area: _____

_____ Other: _____

Notes: _____

_____ Please call to discuss before appointment

Signed: _____

Map to Portland and Auburn Offices on Reverse Side