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REFERRAL FOR PERIODONTAL EVALUATION

This	s will introd	uce my patient:			
		valuation needed			
	Implant ev Special att	raluation needed ention to:			
Are	Radiograph	ıs available?			
	Yes No	BW's	FMX	Date:	
Plea	ase forward x	-rays in advance of p	patient's first sche	duled appointmen	t.
Ren	narks:				
Ref	erred by:			Date:	