

Professional Periodontics and Dental Implants

Scott Lee, DMD MS

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Referral for Consultation

Introducing _____

Patient's Telephone number _____

Please call patient to schedule Patient will contact your office

Referred by Dr. _____

Date of Referral _____

General Periodontal Evaluation Dental Implant Evaluation

Specific Periodontal Evaluation Gingival Recession
(Please indicate area of concern)

Extractions - With Bone Graft Crown Lengthening

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Radiographs: Emailed Sent Please take as needed

Comments _____

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