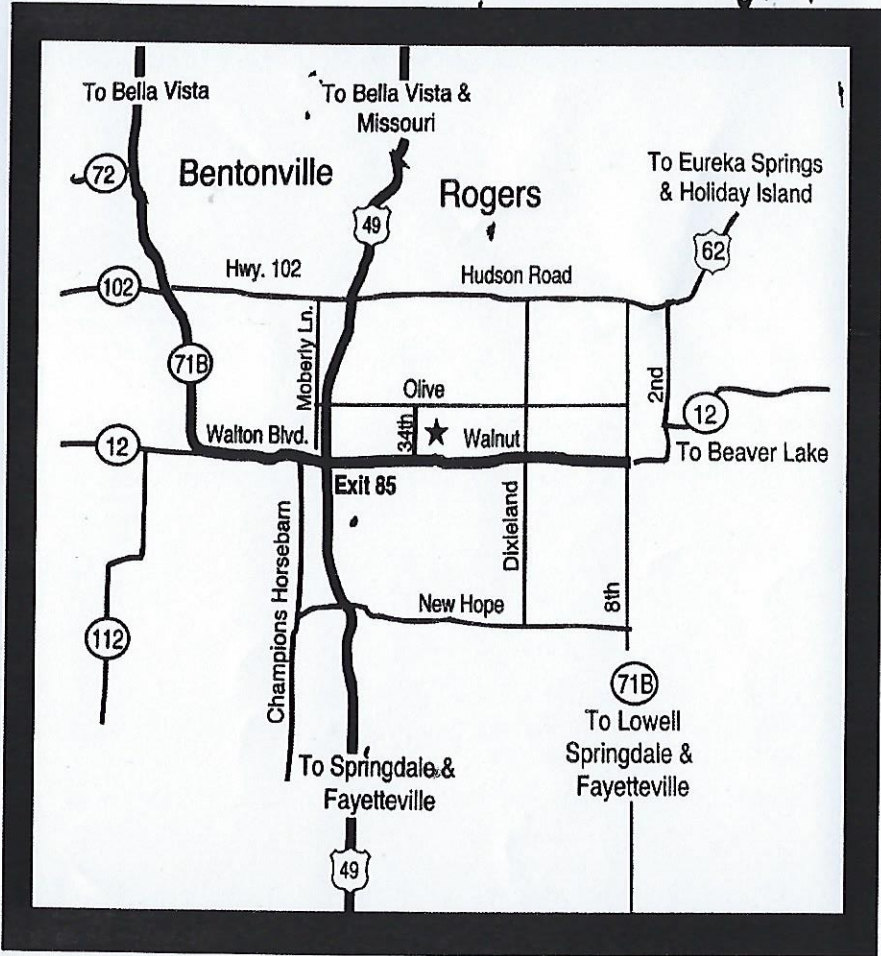




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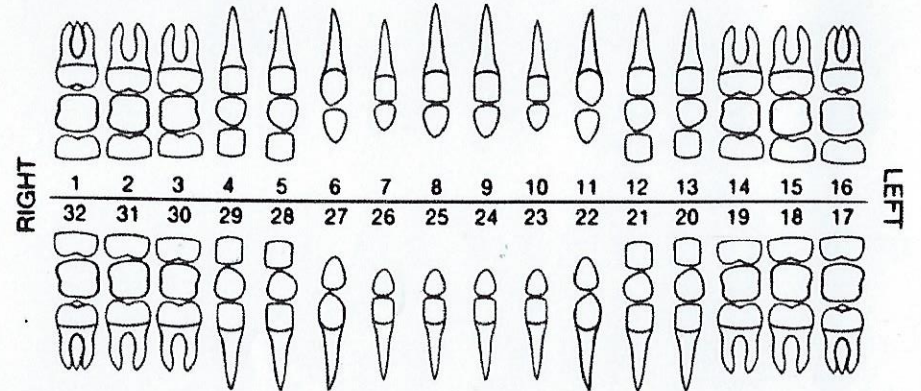
**Referral**

This is to introduce \_\_\_\_\_ Patient Name \_\_\_\_\_ who has an appointment as follows

Date \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Pt. Phone # \_\_\_\_\_

**Area of Concern**



**Evaluation of**

- Extraction (s)
- Implant (s)
- Mucogingival defect (gum graft)
- Periodontal Disease
- Ridge Augmentation
- Crown lengthening
- Frenectomy
- Pre-Prosthetic Surgery
- Other

**Remarks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Doctor.

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