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Diplomate American Board of Periodontology

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Consultation Regarding:

- Please call me
- Take x-rays, send a set
- Partial set x-rays sent
- Full set x-rays sent

Patient's Name:

Appointment

Date: _____ Time: _____

Referral Date: _____

Referred by Dr. _____

PLEASE E-MAIL ALL X-RAYS ALONG WITH THE REFERRAL