

INLAND PERIODONTICS

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*Please arrive at the office 10-15 minutes early to complete necessary paperwork,
or complete the online patient registration at www.inlandperio.com*

Patient _____ Date _____

Referred by Dr. _____ Patient Phone # _____

I. Reason for referral

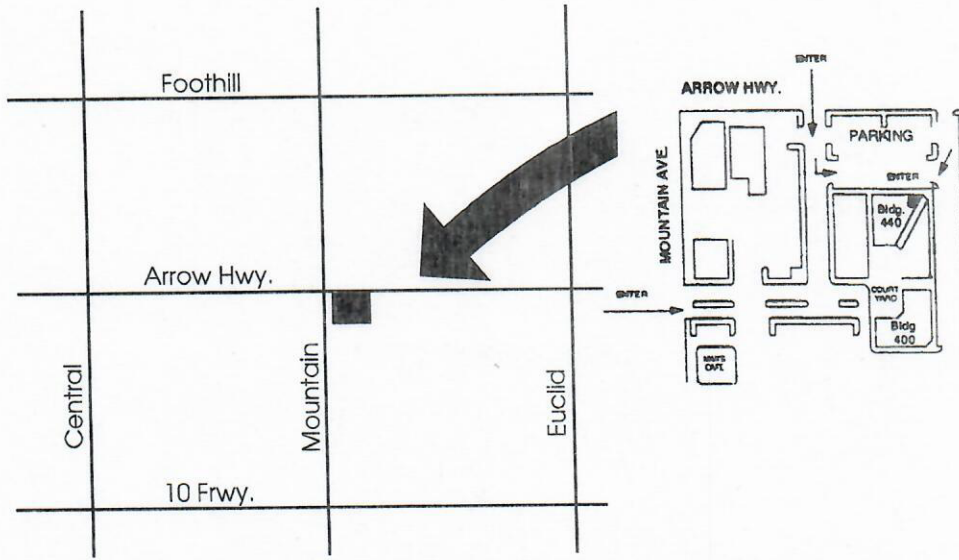
- | | |
|--|---|
| <p>_____ Complete Periodontal Exam</p> <p>_____ Osseous Surgery</p> <p>_____ LANAP - Laser Surgery</p> <p>_____ Crown Lengthening</p> <p>_____ Tooth Exposure for Ortho</p> <p>_____ Gingival Grafting</p> <p>_____ Frenectomy</p> | <p>_____ Extraction With Site Preservation</p> <p>_____ Ridge Augmentation</p> <p>_____ Sinus Augmentation</p> <p>_____ Oral Implants</p> <p>_____ Oral Pathology/Biopsy</p> <p>_____ Other</p> |
|--|---|

Comments: _____

II. X-ray will be sent X-ray should be taken Most Recent FMX _____

Has S&RP been completed? YES NO Date: _____ Quads: _____

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TAKE ELEVATOR TO THE THIRD FLOOR