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**THIS IS TO INTRODUCE:**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ **PRE-MED?** \_\_\_\_\_

Best Contact Phone #(s): \_\_\_\_\_ / \_\_\_\_\_

Patient's email: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

**PATIENT IS BEING REFERRED FOR:**

- Periodontal Examination (current FMX or pano needed)  
Specific areas of concern: \_\_\_\_\_
- Implant Evaluation #(s) \_\_\_\_\_ (current FMX and/or Pano needed)
- Extraction #(s): \_\_\_\_\_ (current PA(s) needed)
- Tissue Graft #(s): \_\_\_\_\_
- Biopsy: \_\_\_\_\_
- Other: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**FMX / PA(s)**     Mailed/E-mailed     With Patient     Please Take  
[frontdesk@sierranvperio.com]

**PREVIOUS ROOT PLANING?** \_\_\_\_\_ **DATE(s):** \_\_\_\_\_

**APPOINTMENT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_