



Periodontics • Dental Implants

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 www.centralohioperiodontics.com

Patient _____

Referred by Dr. _____ Date _____

- Emergency Treatment
- Periodontal Evaluation _____ Generalized _____ Localized
- Implant _____
- Lanap (Laser Assisted New Attachment Procedure)
- Gingival Recession
- Crown Lengthening Procedure
- Others _____

Appointment Date _____ Time _____

