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Referring Doctor _____ Date _____

Patient Name _____

Periodontitis/Deep Pocket Depths: # _____

Gingival Recession and/or Lack of Attached Gingiva: # _____

Crown Lengthening: # _____

Extractions with Ridge Preservation: # _____

Dental Implants: # _____

Preferred System Nobel Zimmer Straumann

Peri-Implantitis: # _____

Other: _____

Comments: _____

Radiograph(s) Attached

Please Take Radiograph(s)

Appointment Date: _____ Time: _____

Thank you for your continued confidence in SPDI