

North Penn Periodontal Associates
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Practice Limited to Periodontics
• Implants • Oral Medicine

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INTRODUCING _____

Phone Number(s) _____

- Please provide comprehensive periodontal evaluation and treatment as indicated
- Please provide periodontal evaluation limited to _____
- Please evaluate for significance of gingival recession, teeth # _____
- Please see EMERGENCY PRIORITY for treatment of teeth # _____
- Please provide preventive periodontal screening evaluation
- Other _____

Recent Full Mouth radiographs ARE/ARE NOT available

An appointment has been reserved for _____ at _____

Referred By _____ Date _____