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Introducing: _____

Referred By: _____

Consult Purpose:

- Complete Periodontal Evaluation
- Implant. Tooth #(s): _____
- Evaluate for Graft, Tooth #(s): _____
- Crown Lengthening, Tooth #(s): _____
- Gingivectomy, Tooth #(s): _____
- Frenectomy
- Tooth Exposure
- Biopsy
- Other (list below)

Comments: _____

