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PERIODONTICS
& DENTAL IMPLANTS

THE HEIGHT OF TREATMENT

- Alan Z. Pomeranz, DMD, MMSc
- Emilio Argüello, DMD, MMSc
- Eduardo Marcuschamer, DMD
- Neil Neugeboren, DDS, MA
- Heather Hong DDS, MMSc

Patient _____ Tel No. _____ Date _____

Comprehensive Periodontal Evaluation

Isolated Evaluation for area _____

Implant Consultation _____

Root planing and scaling performed on (dates): UR _____ UL _____ LL _____ LR _____

Please call me prior to seeing patient. Please call me after seeing patient.

Areas of Concern and Restorative Dentistry Treatment Plan: _____

I will provide an FMX for a comprehensive evaluation OR limited radiographs for an isolated evaluation.

Please take FMX/Pano and send to our office with the follow up letter.

Insurance Company _____

Referred by Dr. _____ Tel No. _____

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