

Dennis Davis, DMD, MS Nina Cramer, DMD, MS



Village Periodontics & DENTAL IMPLANT CENTER

Date ___/___/___

We are happy to present _____

Referred by Dr. _____

Appointment is scheduled for: ___/___/___ at _____

Radiographs we are sending:

FMX Date: ___/___/___ PAs Date: ___/___/___ BWs Date: ___/___/___

Radiographs you are to take:

FMX PAs BWs CBCT Scan

REFERRED FOR:

Comprehensive Evaluation Isolated Area
Implants Crown Lengthening
Recession Other

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

COMMENTS:

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