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Diplomate, American Board of Periodontology
Periodontics • Dental Implants

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Referring to: Dr. Timothy C. Wu
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Date: _____

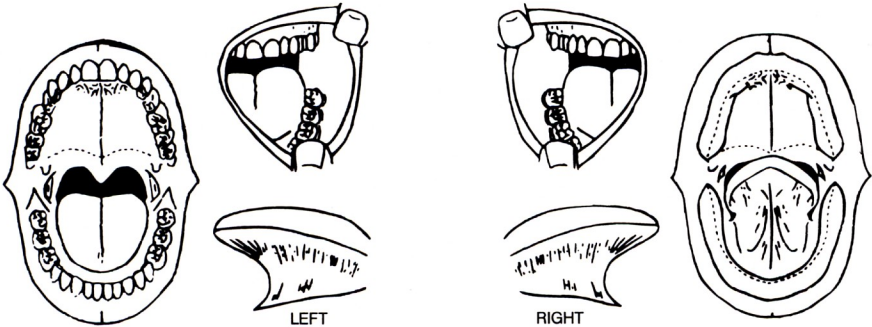
Introducing: _____ by _____

Patient's Telephone Number: Home _____ Business: _____

Treatment

- A complete periodontal examination
- A limited clinical examination/evaluation for (circle area/teeth)
 - Crown lengthening
 - Ridge augmentation
 - Pocket reduction
 - Root coverage
 - Regeneration
 - Pathology consultation/Biopsy
 - Implant(s)
 - Other _____

	A	B	C	D	E	F	G	H	I	J					
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
	T	S	R	Q	P	O	N	M	L	K					



X-Rays

- Mailed to your office
- Send with patient
- Please return films
- N/A. Please take:
- Bite-wings
- FMX
- Panorex

Special Instructions _____

White: Patient

Postcard: Mail