

Pearland Periodontics
and Dental Implants, P.A.

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www.pearlandperio.com

Referred by Dr. _____ Date _____

Introducing _____

Please evaluate as follows:

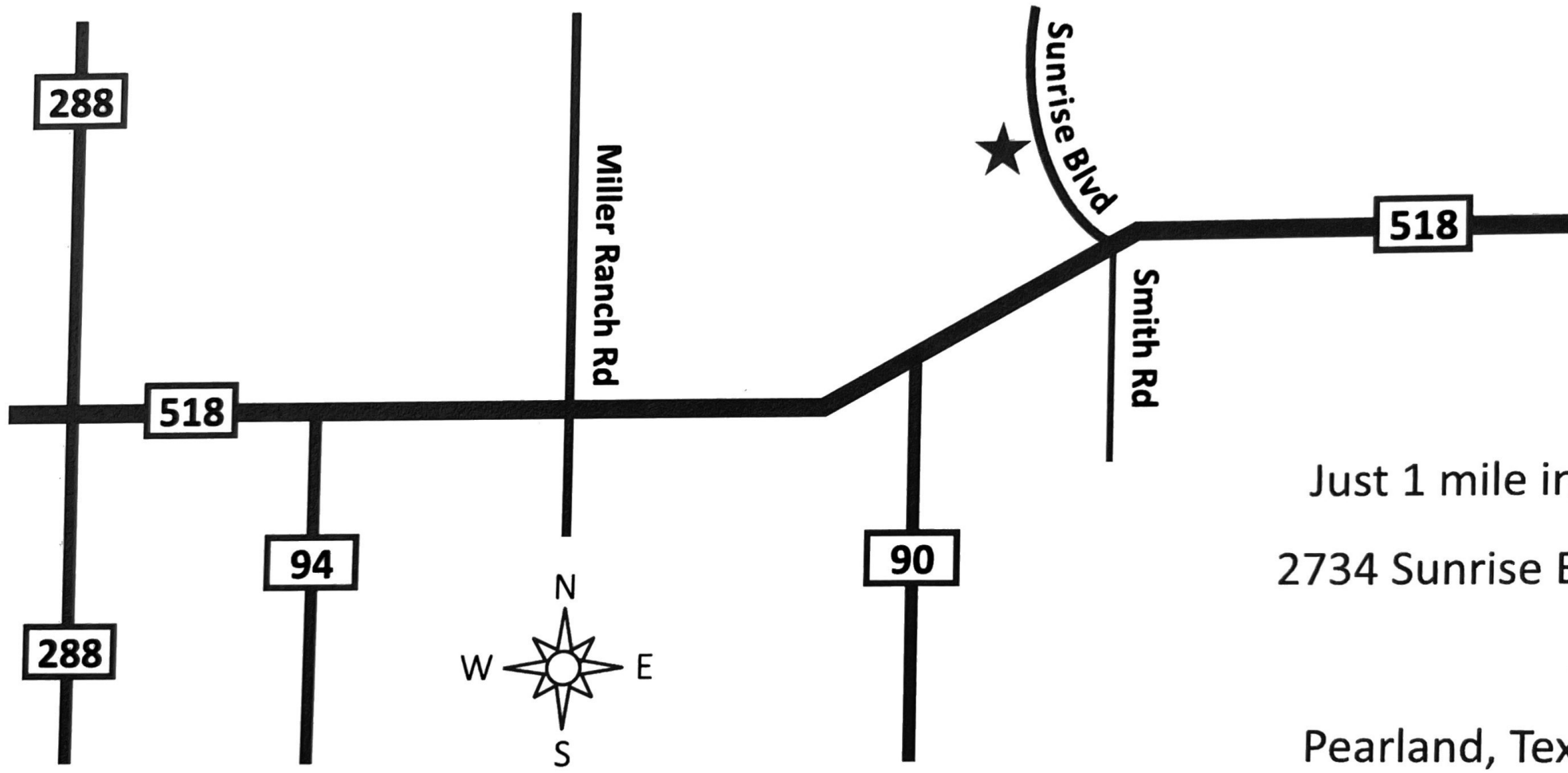
- Comprehensive periodontal examination
- Localized area _____
- Implant consultation
- Other _____

Specific restorative plans: _____

Radiographs:

- I have sent radiographs for your evaluation
 - Please return after seeing patient
 - Keep for your records
- Please take radiographs and send me a set

A CBCT scan is needed in the following area: _____



Just 1 mile inside 288:
2734 Sunrise Boulevard
Suite 302
Pearland, Texas 77584

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