



# PORTLAND PERIODONTICS

Practice Limited to Periodontics and Dental Implants

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Date: \_\_\_\_\_

Patient Phone: \_\_\_\_\_

Introducing: \_\_\_\_\_

Referred from Dr. \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

Please forward any diagnostic radiographs to our office.

