



Periodontal Associates

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**Dr. Thomas Eshraghi, Dr. Waled ElDomiatiy
& Dr. Bradley S. McAllister**

Patient _____ Date _____

Phone _____ E-Mail _____

Appointment date _____

Reason for referral:

Implant Exam All-on-4 Hybrid Exam

Limited Periodontal Exam

Complete Periodontal Exam

Digital Implant Impression

Lab: _____ Shade: _____

Restorative Treatment:

Complete Incomplete

Radiographs:

E-mailed Mailed Take at first visit

CT Scan w/consult CT Scan only

CT Scan for Study Club

Area for evaluation/treatment options discussed:

Ref. Doctor _____

Phone # _____



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