



DANIEL W. NELSON, D.D.S.
 PERIODONTICS & DENTAL IMPLANTS
Diplomate of the American Board of Periodontology

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Introducing:

Patient's Phone Number:

This patient is being referred for:

- Periodontal disease _____
- Gingival recession _____
- Implant placement _____
- Extraction _____
- Crown lengthening _____
- Sinus lift _____
- Other _____

We kindly request the most recent full-mouth x-rays, as well any recent ones for the area of concern.

- FMX | Pano | BW | PA | CBCT | Other _____

Comments:

Referring Doctor: _____ **Date:** _____

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