



**PERIODONTICS
& IMPLANT CENTER**
OF NORTHERN VIRGINIA

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Patient name: _____ Date: _____

Phone numbers: _____

Referring doctor: _____

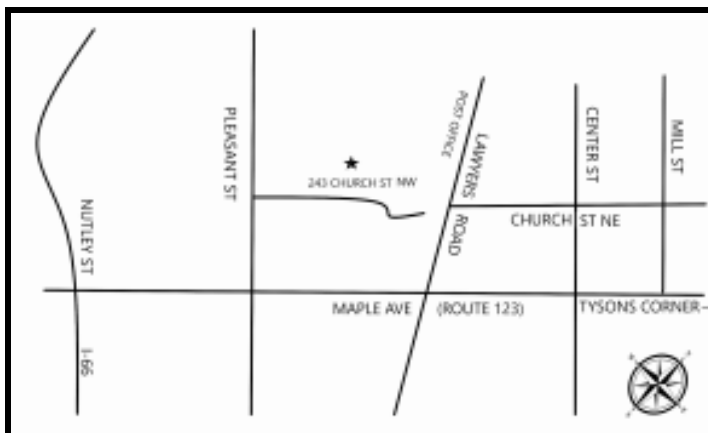
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- General evaluation
- Evaluation & treatment of localized areas:
 - CBCT scan
 - Dental implants
 - Gingival grafting
 - Crown extensions
 - Alignment of marginal tissue heights
 - Ridge/sinus augmentation
 - Exposure of impacted tooth



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Comments:
