GHIASSI PERIODONTICS, LLC

JORDAN Z. GHIASSI, DMD
BOARD CERTIFIED, AMERICAN BOARD OF PERIODONTOLOGY

PERIODONTICS | DENTAL IMPLANTOLOGY

REFERRED BY: _____

PATIENT NAME: _____

DOB: _____ PHONE #: _____

APPOINTMENT DATE / TIME: _____

EVALUATION / TREATMENT

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

❒ FULL MOUTH

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PREVIOUS PERIODONTAL THERAPY _____

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PLEASE EMAIL X-RAYS AND REFERRAL TO info@ghiassiperio.com. (PLEASE DATE X-RAYS)

ONLINE REFERRALS AVAILABLE THROUGH OUR WEBSITE

SANTA FE | 505.988.8822
LOS ALAMOS | 505.662.2754
FAX | 505.988.8824
info@ghiassiperio.com
www.ghiassiperio.com

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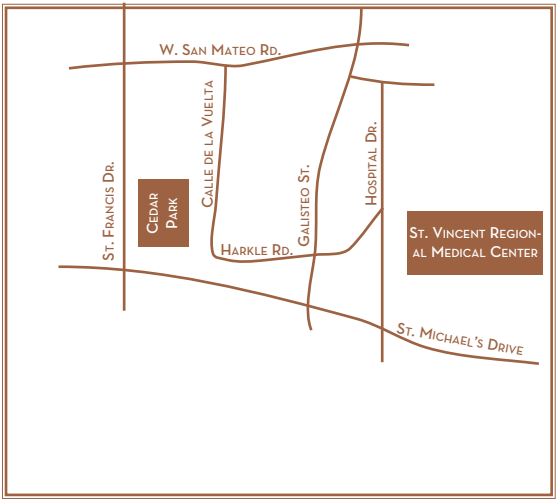

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