

# Dr. Aakash Mehandru, DMD

Advanced Periodontics, Dental Implants, Laser Therapy  
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Referred by: \_\_\_\_\_

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

Patient Name: \_\_\_\_\_

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

Tooth/Area	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

Referring for:

- Dental Implant Placement
  - Tooth number(s) \_\_\_\_\_ Full Arch \_\_\_\_\_
- Periodontal Disease
  - Localized
  - Generalized
- Laser
- Ridge Aug/Sinus Lift
- Periodontal Maintenance Care
- Gingival Recession
- Clinical Crown Extension
- Tooth Extraction
- Frenectomy
- TMJ Scan
- CT Scan
- Other \_\_\_\_\_

### Full Mouth Radiographs

- Sent with Patient
- Mailed
- To Be Taken

Remarks: \_\_\_\_\_

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