Garazi
Periodontics & Dental Implants

- ☐ Dr. David Garazi
- ☐ Dr. Isaac Garazi
- ☐ First Available

Referring Dentist: _____

Patient Name: _____

Reason for Referral: _____

_____

_____

TREATMENT AREA

MAX RIGHT								MAX LEFT							
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

_____ _____

Signed Date:

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