



Benjamin K. Metz D.M.D., M.S.D., LLC

Periodontics & Implantology

Appointment Date: Time:

Patient Name:

Referred By:

Tel #

If your unable to keep your appointment, kindly give 48 hours notice. Thank You

Services:

Periodontal Exam

Implant Placement

Crown Lengthening

Soft Tissue Graft

Biopsy

Root Amputation

Hemisection

Exposure

Guided Tissue Regeneration

Guided Bone Regeneration

Frenectomy

Area Of Concern: _____

Radiographs

Being Mailed

Given to Patient

Please Take

Notes:

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PREFERRED OFFICE

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