



Periodontal Associates

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PORTLAND

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Dr. Thomas Eshraghi
& Dr. Bradley S. McAllister

Patient _____ Date _____

Phone _____

E-Mail _____

Appointment date _____

Reason for referral:

- Implant Exam
- Limited Periodontal Exam
- Complete Periodontal Exam
- Digital Implant Impression

Lab: _____ Shade: _____

Restorative Treatment:

- Complete
- Incomplete

Radiographs:

- E-mailed
- Mailed
- Take at first visit
- CT Scan w/consult
- CT Scan only

Area for evaluation/treatment options discussed:

Ref. Doctor

Phone #