This is a:

☐ Periodontal ☐ Implant

Referral to: Dellmen Hecht, DDS, PC
200 East 15th St., Suite B
New York, NY 10003
Tel: 212-673-4810 Fax: 212-979-2329

This will introduce: _____

Telephone: _____

For the following:

☐ Overall periodontal evaluation

☐ Implant evaluation for _____

☐ Crown lengthening for _____

☐ Root resection for _____

☐ Graft over exposed roots _____

☐ Other: _____

_____

_____

Radiographs:

☐ Patient will bring ☐ being mailed ☐ take as necessary

☐ Restorative work anticipated _____

_____

☐ Other information _____

Late Hours Available