

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
