

Lanap & Implant Center

Hazeka Kadri, DMD, MS

Expertise Doctors Trust, Experience & Comfort Patients Love.

To: LANAP & Implant Center
184 W. Main Street
Collegeville, PA 19426

From:

This will introduce my patient:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please evaluate for:
(Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Implant Therapy | <input type="checkbox"/> Gingivectomy |
| <input type="checkbox"/> Sinus Elevation | <input type="checkbox"/> Crown Lengthening |
| <input type="checkbox"/> Immediate Extraction Implant | <input type="checkbox"/> Soft Tissue Graft |
| <input type="checkbox"/> Forced Eruption | <input type="checkbox"/> Root Coverage |
| <input type="checkbox"/> TMJ | <input type="checkbox"/> LANAP Therapy |
| <input type="checkbox"/> Comprehensive Disease Control | <input type="checkbox"/> Guided Tissue Regeneration |
| <input type="checkbox"/> Comprehensive Disease Planning | <input type="checkbox"/> Biopsy (Hard or Soft) |
| <input type="checkbox"/> Pocket Elimination | <input type="checkbox"/> Soft Tissue Ridge Augmentation |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Distal Wedge |
| <input type="checkbox"/> Vestibular Extension | |

Additional Notes:

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