

POLITIS PERIODONTICS

Laser & Regenerative Gum Care

Introducing: _____ Date: _____

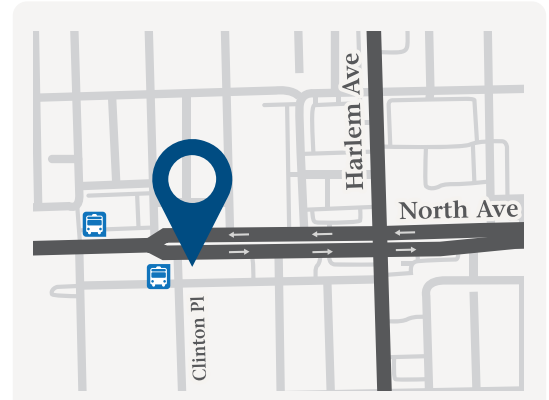
Reason for Periodontal Referral: _____

Referred By:

Phone:

Email:

Welcome to Politis Periodontics. Bring along this slip to your appointment along with any x-rays or pertinent information from your referring doctor. We look forward to meeting you!



Easy Street Parking (North Ave & Clinton Pl)
Public Transport Accessible (Pace Bus #318)

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Visit us at PolitisPeriodontics.com for more information.