

PATIENT INFORMATION

Date: ____/____/____

Insurance: _____ Discount plan _____% No Insurance

Account #: _____

Patient Name: _____ Date of Birth: ____/____/____

SSN: _____ - _____ - _____ Phone: (____) _____ - _____

Referred From Office: _____ Phone: (____) _____ - _____

Referring Doctor Name: _____

Refer To: (please circle one)

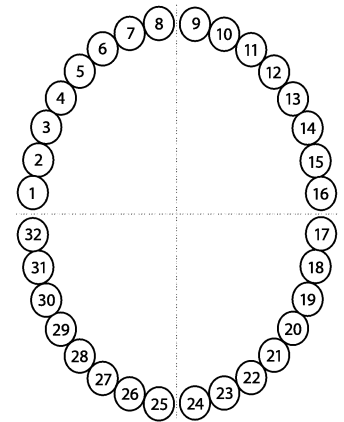
Endo

Oral Surgery

Perio

Services Needed:

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Narrative: _____

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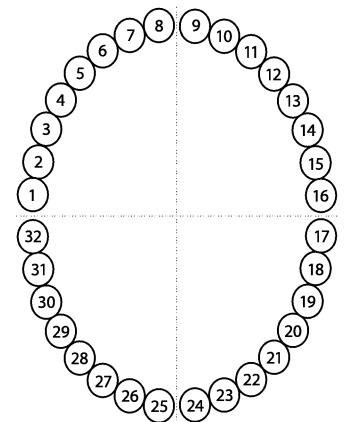
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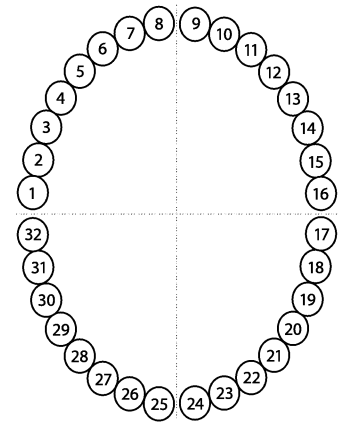
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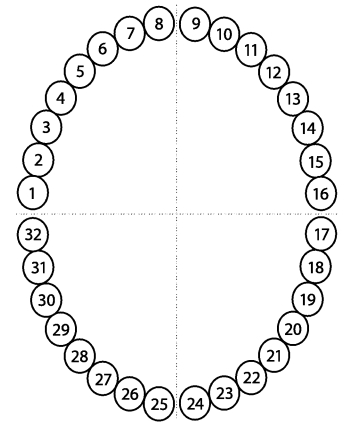
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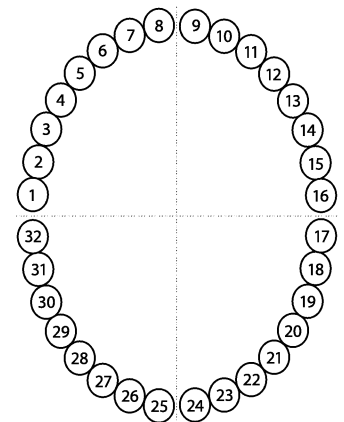
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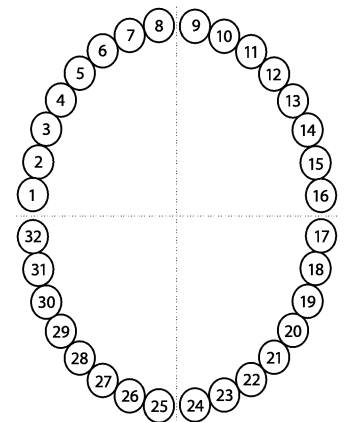
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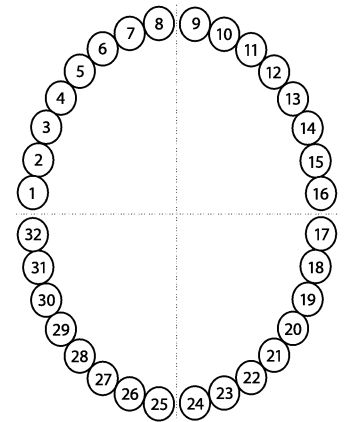
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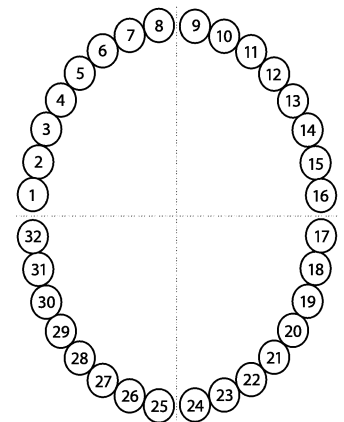
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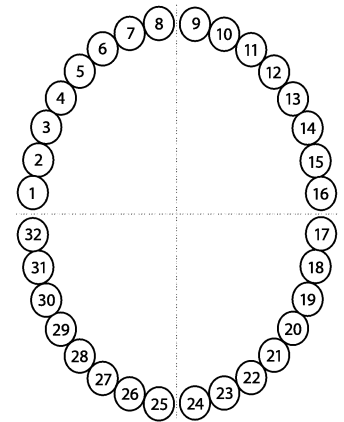
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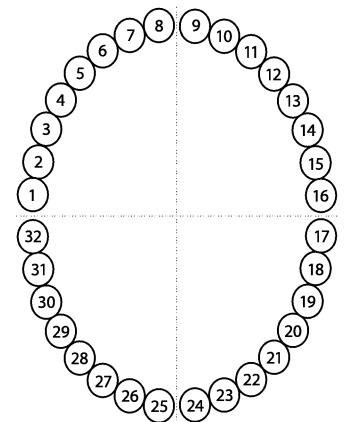
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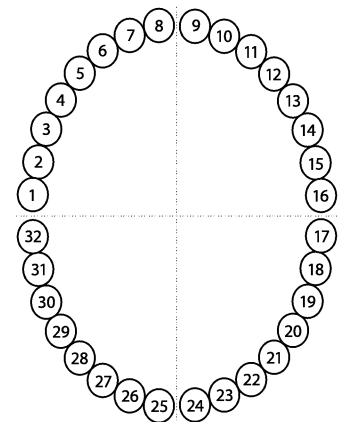
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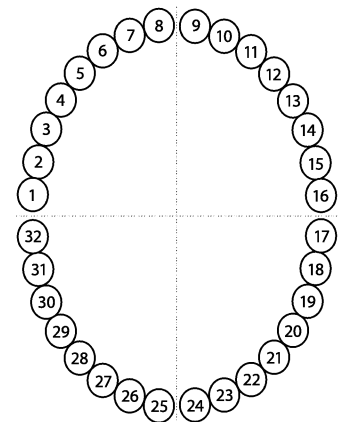
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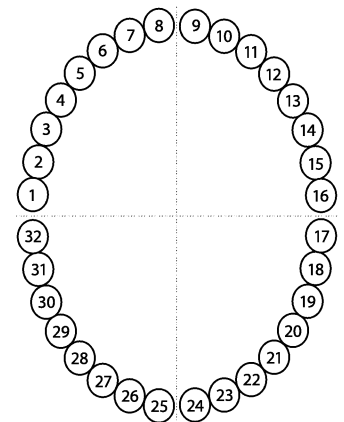
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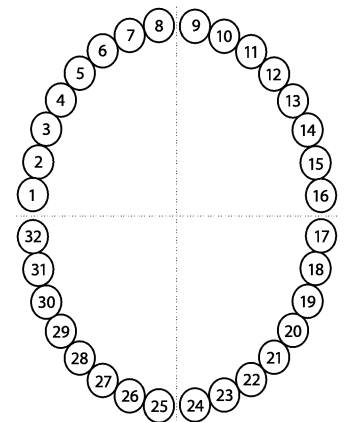
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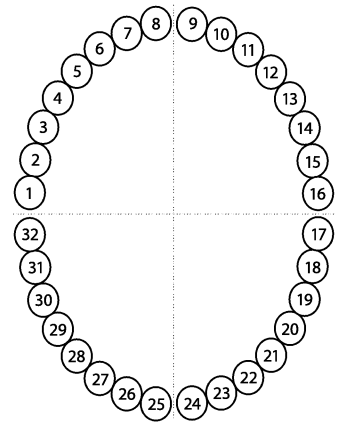
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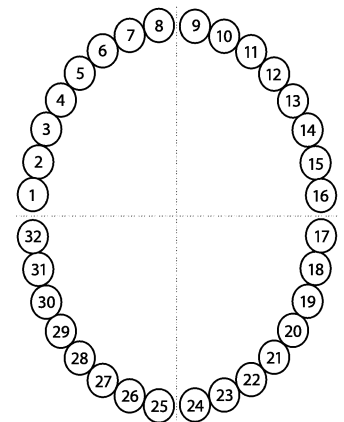
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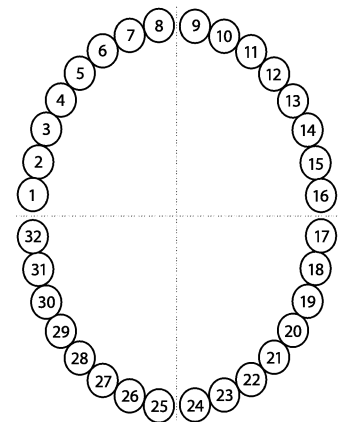
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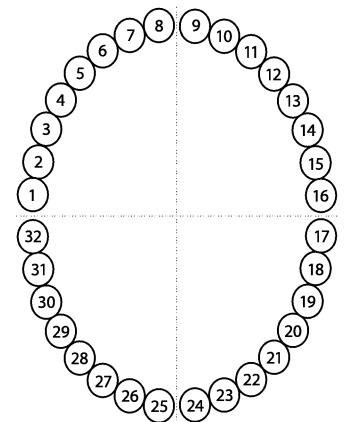
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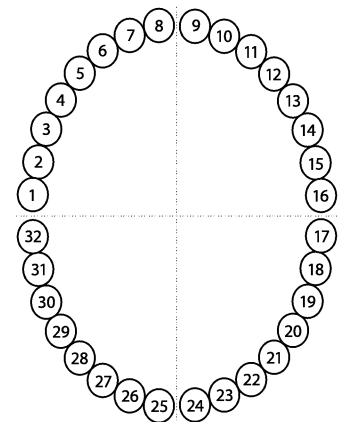
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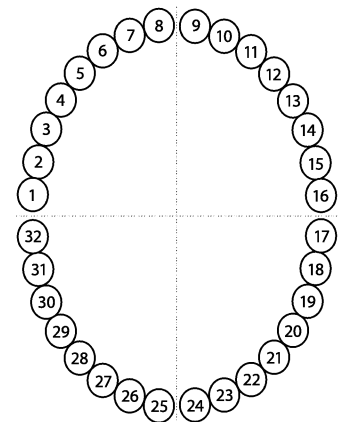
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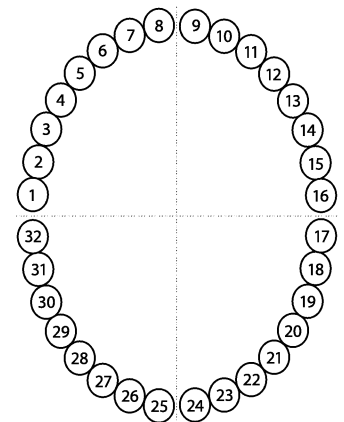
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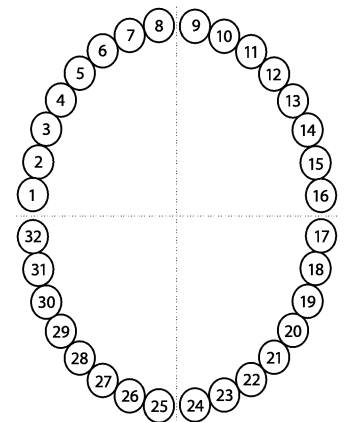
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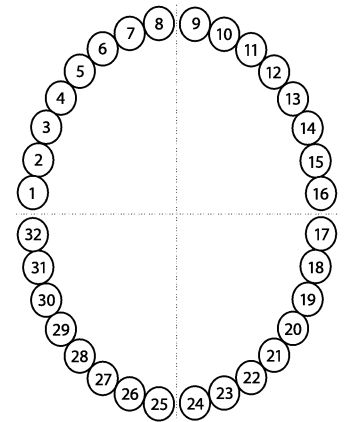
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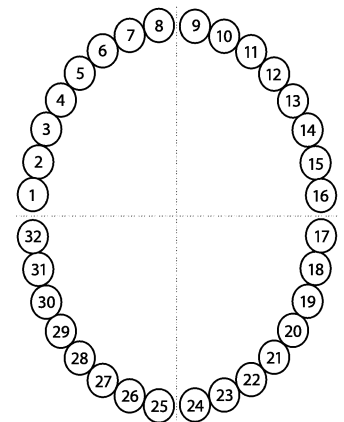
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Endodontist: Dr. Sunghee Ahn • Oral Surgeons: Dr. Sunghee Ahn, Dr. Nishul Patel
 Periodontist: Dr. Michael Hennessy

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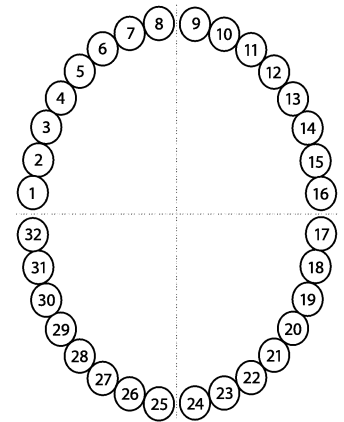
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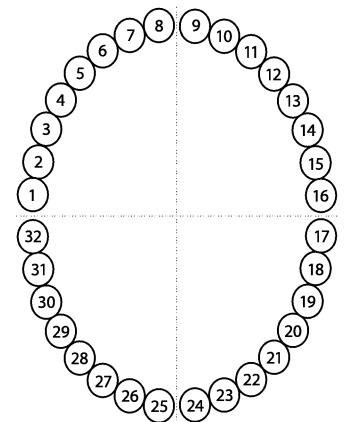
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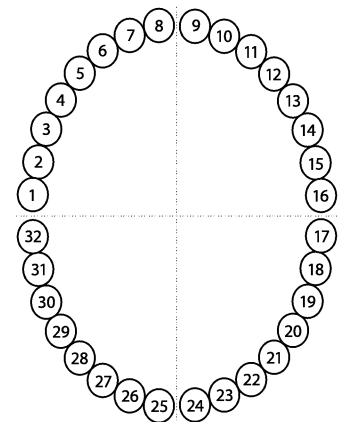
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Referring Doctor Name: _____

Refer To: (please circle one)

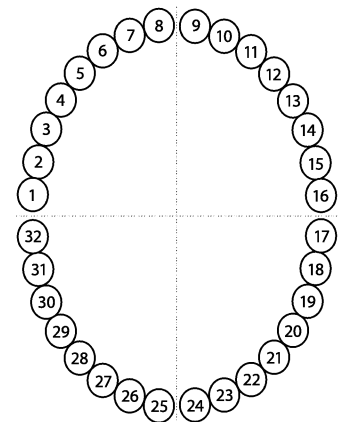
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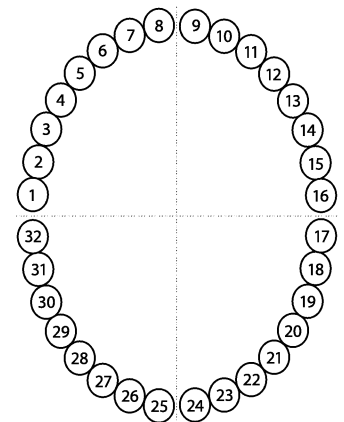
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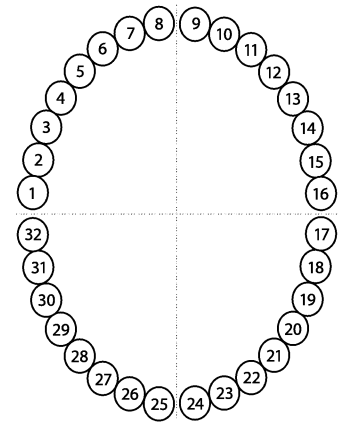
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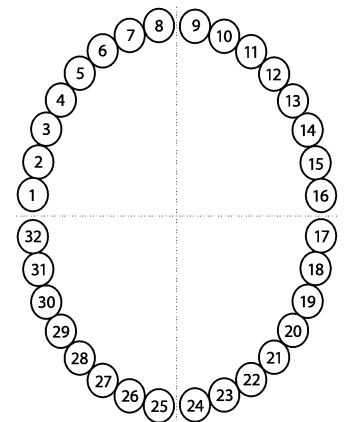
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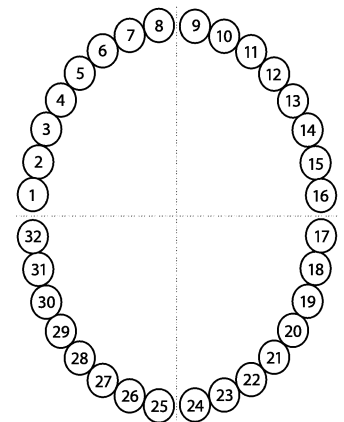
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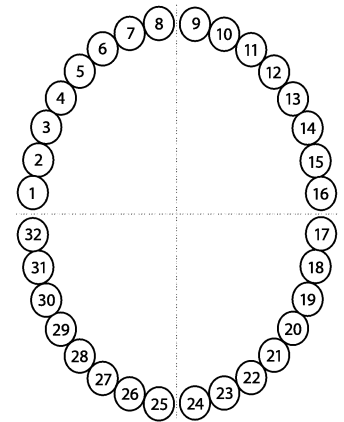
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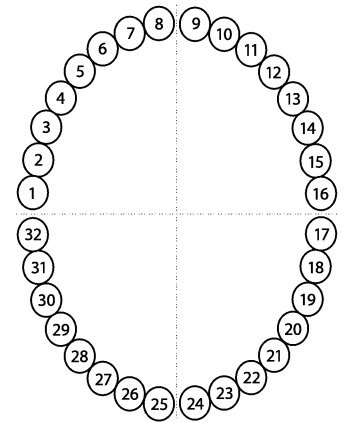
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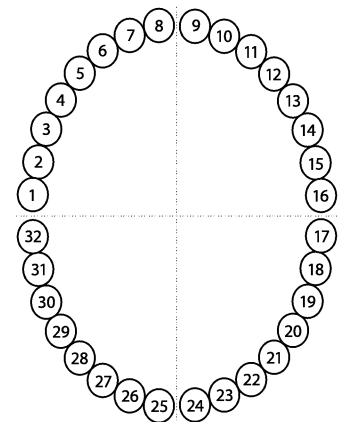
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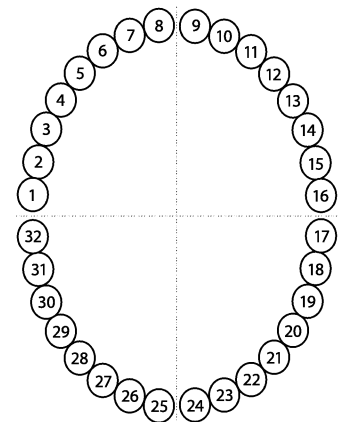
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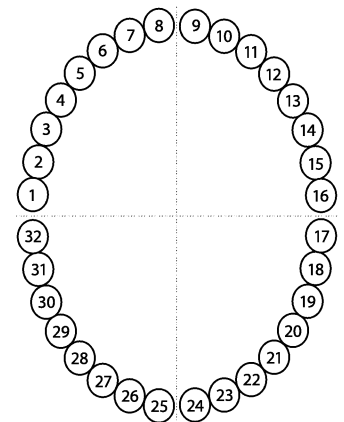
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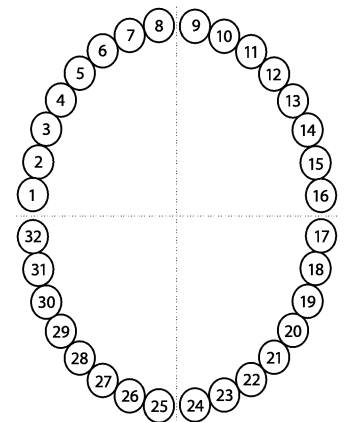
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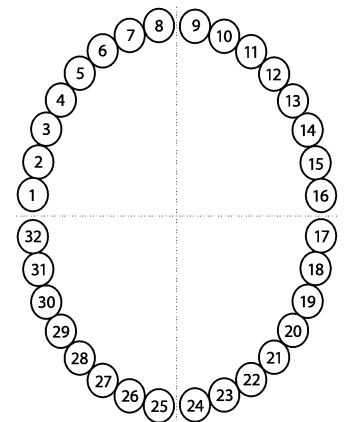
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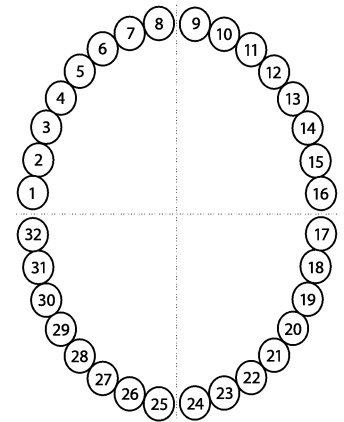
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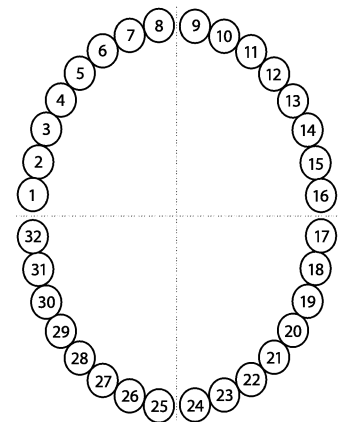
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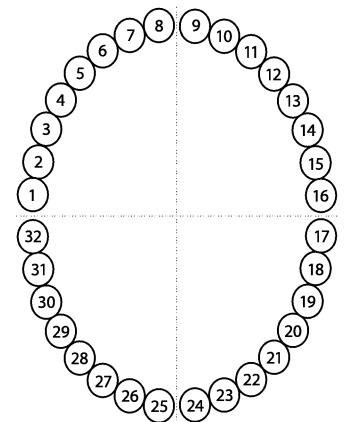
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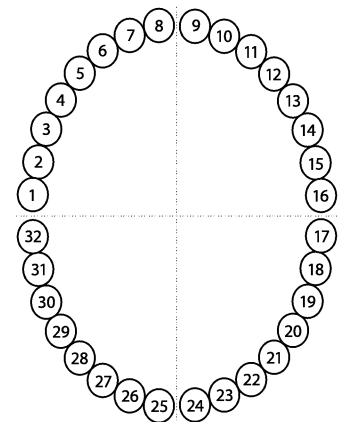
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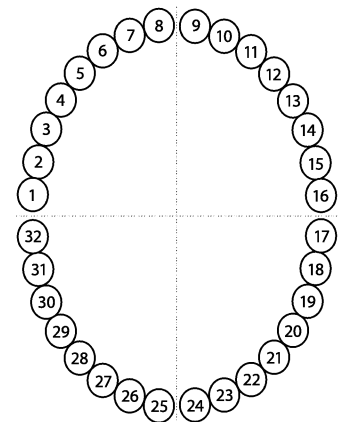
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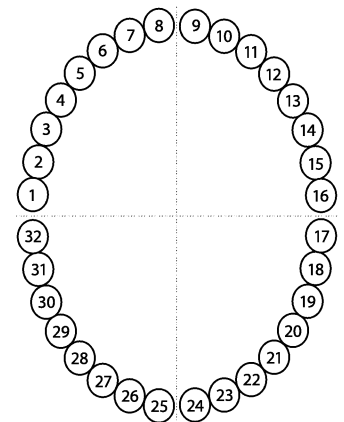
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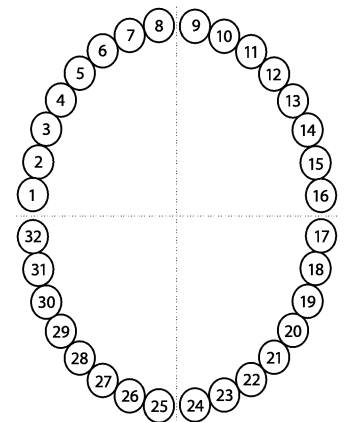
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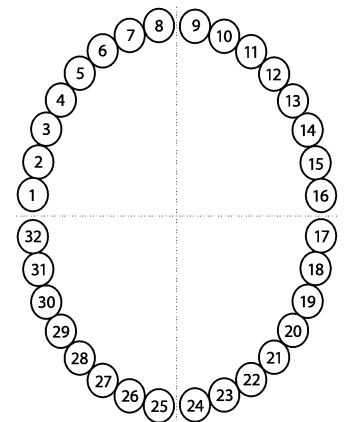
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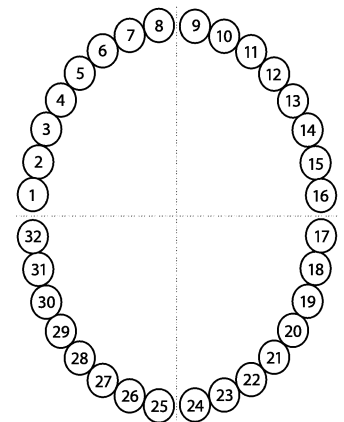
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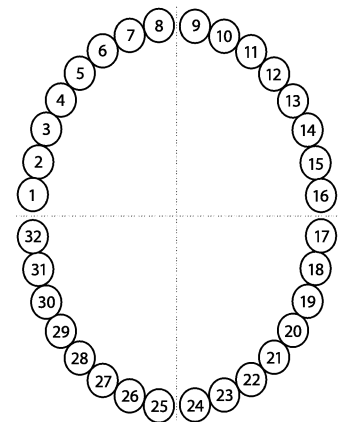
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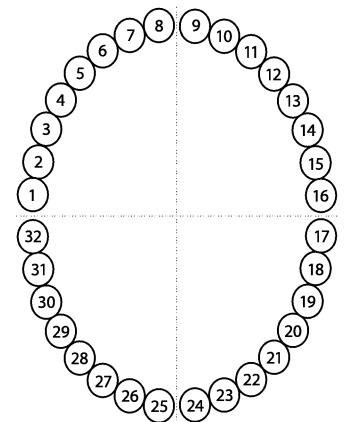
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