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**PERIODONTICS AND IMPLANTOLOGY**

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INTRODUCING: \_\_\_\_\_

FOR:

GENERALIZED EXAM: \_\_\_\_\_

ISOLATED AREA: \_\_\_\_\_

IMPLANT EVALUATION: \_\_\_\_\_

OTHER: \_\_\_\_\_

REMARKS: \_\_\_\_\_

APPOINTMENT: \_\_\_\_\_

DATE OF MOST RECENT X-RAYS: \_\_\_\_\_