



Date: _____

Tooth #(s): _____

Introducing: _____

Treatment Needs:

- | | |
|--|--|
| ☐ Periodontal Disease | ☐ Gingival Recontouring |
| ☐ Dental Implants | ☐ Frenectomy |
| ☐ Crown Lengthening | ☐ LANAP |
| ☐ Gingival Grafting | ☐ LAPIP |

Notes: _____

Referring Dr: _____

Phone: _____

We value the trust your dentist has shown in us by referring you to our office. We look forward to working with you and your dentist to customize a treatment plan that will address your individual dental needs.

Dr. Lightfoot

Dr. Park

Dr. Boutari

Locations

Braintree

400 Washington St
Suite 304
Braintree, MA 02184

781-848-2775
Fax: 781-848-0502

Duxbury

42 Tremont St
10A
Duxbury, MA 02332

781-934-6998
Fax: 781-934-6901

Hingham

72 Sharp St
A-6
Hingham, MA 02043

781-812-0740
Fax: 781-812-0118

Norwood

115 Norwood Park S
Suite 200
Norwood, MA 02062

781-762-9292
Fax: 781-769-4842