

Introducing: _____

Referring Dr: _____ Date: _____

REFERRED FOR:

Area of Treatment: _____

- | | |
|---|---|
| <input type="checkbox"/> Periodontal Disease (LANAP) | <input type="checkbox"/> Dental Implant |
| <input type="checkbox"/> Recession (Tissue Graft) | <input type="checkbox"/> All-on-X |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Peri-Implantitis (LAPIP) |
| <input type="checkbox"/> Esthetic Gingival Recontouring | <input type="checkbox"/> Oral Pathology (Biopsy) |
| <input type="checkbox"/> Frenectomy / Canine Exposure | <input type="checkbox"/> Other: _____ |

Comments: _____

Current X-rays/CBCT: Sent By Email Sent with Patient Take as Needed



DR. LIGHTFOOT



DR. BOUTARI

LOCATIONS:

Braintree
400 Washington St
Suite 304
Braintree, MA 02184
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Fax: (781) 848-0502

Duxbury
42 Tremont St
10 A
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(781) 934-6998
Fax: (781) 934-6901

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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
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