Christine Karapetian, D.D.S.
Diplomate, American Academy of Periodontology

Excellence in Periodontics & Implants

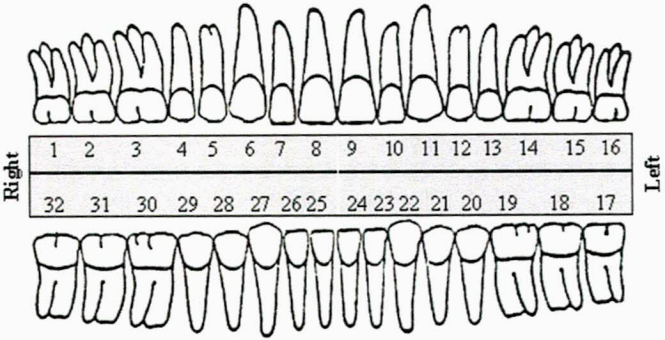
9004 Crownwood Court, Suite A, Burke, VA 22015
Phone: 703-569-4040 Fax: 703-569-7334
info@washingtonperio.com • www.washingtonperio.com

Date_____

Patient's Name _____

Patient's Phone _____

Appointment:	❑ Patient Will Call	❑ Please Call Patient	❑ Made by Our Office
Radiographs:	❑ Please Take	❑ Taken (Date:_____)	
	❑ Sent by Mail	❑ Sent by Email	❑ Given to Patient



Comments:

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Referring Doctor: _____

Phone: _____