



FIGRELLA POTESTA-KNOLL, D.D.S., M.S.
 Dental Rehabilitation & Implant Reconstruction
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 OFFICE: 415-776-4040 • FAX: 415-776-4094

DATE: _____ PATIENT'S NAME: _____

REASONS FOR REFERRAL: _____

AREAS OF SPECIAL CONCERN:

R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 L
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

- DIAGNOSTIC RECORDS ENCLOSED
- PATIENT WILL BRING RECORDS
- CALL BEFORE PATIENT IS SEEN
- CONTACT PATIENT TO ARRANGE APPOINTMENT
- PATIENT WILL CALL FOR APPOINTMENT

THANK YOU. REFERRING DR. _____



FIGRELLA POTESTA-KNOLL, D.D.S., M.S.

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