



**Scott H. Nightingale, D.D.S., M.S.**  
 Practice Limited to Periodontics  
 Dental Implants

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Introducing \_\_\_\_\_

Appointment on \_\_\_\_\_

Recent Full Series or Panoramic Radiograph:

has been forwarded       with patient       not available

Referred for:

- |   |   |
|---|---|
| <input type="checkbox"/> Periodontal Evaluation     | <input type="checkbox"/> Crown Lengthening  |
| <input type="checkbox"/> Dental Implants            | <input type="checkbox"/> Root Coverage      |
| <input type="checkbox"/> Temporomandibular Disorder | <input type="checkbox"/> Ridge Augmentation |

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Date: \_\_\_\_\_

**Country Square Office Complex**  
 5800 Monroe Street at Corey Road

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Active Member  
 American Academy of Periodontology  
 Specialist in Periodontics