

☐ GA	RY	K.	LINES	. D.M	.D.
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□ DONALD R. HOAGLIN, D.D.S.

American Dental Association
American Association of Oral & Maxillofacial Surgeons

DIPLOMATES:

American Board of Oral & Maxillofacial Surgery American Dental Board of Anesthesiology

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DATE:	REFERRING DENTIST:							
PATIENT NAME:								
Please email x-					ʻ4imp	olants	s.con	า
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☐ Dental Implant(s)	☐ Ora	al						
Upper Right								
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OTHER PROCEDURES	& REMARKS:							

Thank You

