



Patient details

Name:

Contact details:

Email address:

Consultation type

Radiographs available: ☐ Conventional ☐ Digital ☐ None

☐ Dental implants ☐ Periodontal disease ☐ Implant complications

☐ Soft tissue surgery ☐ Oral Medicine

Clinical details:

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Referring doctor

Name:

Contact details:

 +27 (0) 68 732 3413

 blignaut@pretoriaperiodontist.com

 Mendelssohn MED & Suites,
Floor 1
431 Mendelssohn str.
Waterkloof Glen, 0181