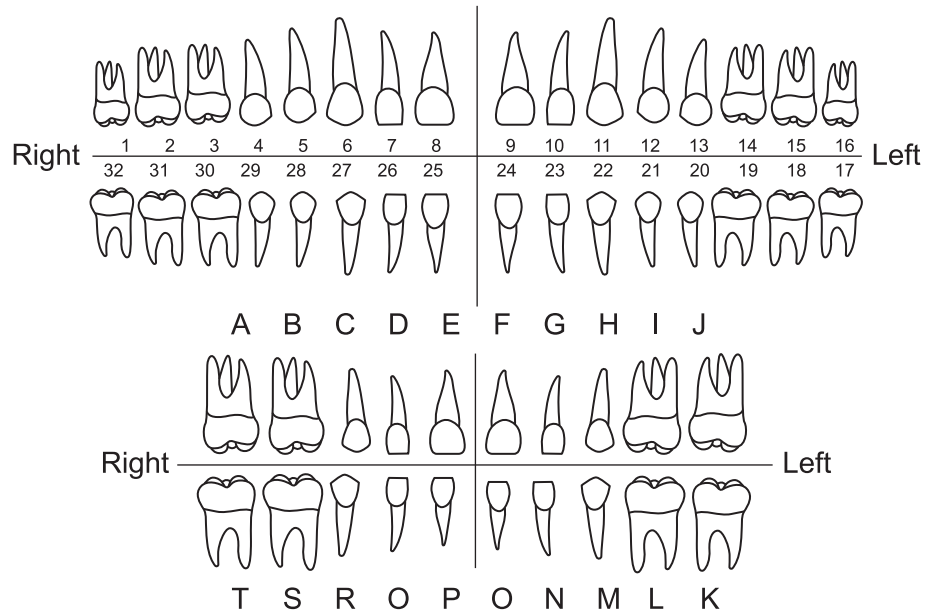




Referral

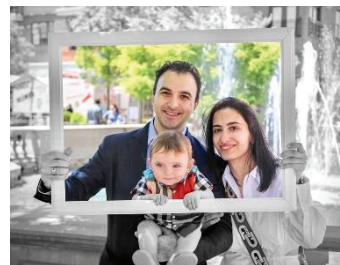


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|---|--|--|
| ☐ IV/Non-IV Sedation | ☐ 3rd Molar Extractions | ☐ Implants |
| ☐ Dental Hygiene | ☐ Endodontics | ☐ Restorative |
| ☐ Full Mouth Rehab | ☐ Sinus Lift | ☐ Sleep Appliance |
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