



MATTHEW D. FICCA, D.M.D., M.S.D.

*Board Certified, Periodontics and Dental Implant Surgery
Practice Limited to Periodontics & Dental Implants*

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_____ 20____

Introducing: _____

Referral for:

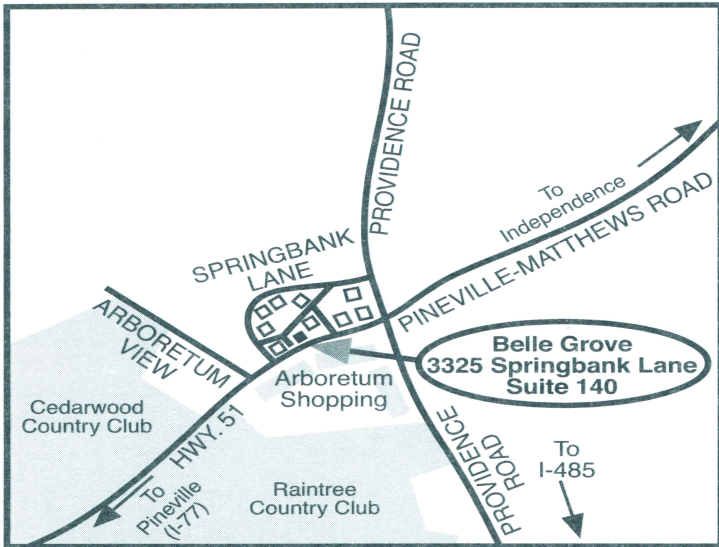
- Full Mouth Periodontal Exam Isolated _____
- Soft Tissue Graft _____
- Implants _____
- Laser Periodontal Therapy _____
- Sinus/Ridge Augmentation _____
- Tooth Extraction _____
- Periodontal Regeneration _____
- Orthodontic Therapy:
Tooth Exposure _____; Gingival Procedure _____
- Crown Lengthening _____
- Aesthetic Crown Lengthening _____
- Oral Medicine: Evaluate _____; Biopsy _____
- IV Sedation

Radiographs: E-mailed Mailed With Patient

Please take: FMX 3D ICAT Scan PA____

Remarks: _____

Referred by Dr. _____



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