



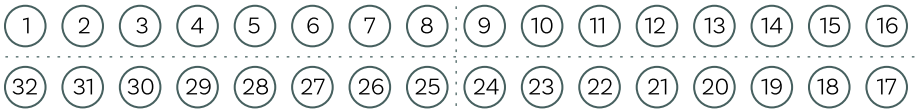
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Reading, PA 19607

**AMANDA CLEMENTE, DMD, MS**

Diplomates of the American Board of  
Periodontology and Implant Surgery

PATIENT NAME: ..... DATE: .....

REFERRING DOCTOR: .....



Comprehensive Perio Eval

Limited Perio Eval

Crown Lengthening

Gingival Recession

Gingival Overgrowth

Implant

Extraction

Bone Graft

Sinus Lift

Peri-Implantitis

COMMENTS:

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