



**ATLANTA
PERIODONTAL
GROUP, LLC**

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Info@atlantaperiogroup.com

Date: _____

Patient: _____

Referred by: _____

Please email X-rays/Referrals to Info@Atlantaperiogroup.com

Consultation regarding: _____

- Please take X-rays, send a set
- Complete set of X-rays sent

Best Regards,

Marya J. Barnes, DMD