



## Referral

- Dr Lisa Heitz Mayfield  
BDSc. MDSc.  
Dr. Odont.
- Dr Fritz Heitz  
BDSc. MDSc. MAS  
Dr. med. dent.
- Either

Patient Surname .....

First Name ..... DOB .....

Telephone (home) ..... (work/mobile) .....

### Periodontal Treatment

- Treatment of periodontitis
- Crown lengthening
- Mucogingival surgery
- Periodontal regeneration

### Implant Treatment

- Case planning
- Implant placement  
Preferred system .....
- Implant complication
- Extraction / Ridge preservation

Clinical Notes .....

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Radiographs available .....

Referring dentist .....

Address .....

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