

Dr. Lane T. Knight  
 Dr. Wendell K. Gardner  
 Dr. Clay Kim



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 California, MD 20619  
 (301) 863-8107 • Fax (240) 895-0471  
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 Prince Frederick, MD 20678  
 (410) 535-2416 • Fax (443) 968-8646  
 PrinceFrederick@smdoms.com

**DENTAL IMPLANTS**

- Consultation
- Treatment Plan
- Sinus Lift Procedure
- Bone Grafting

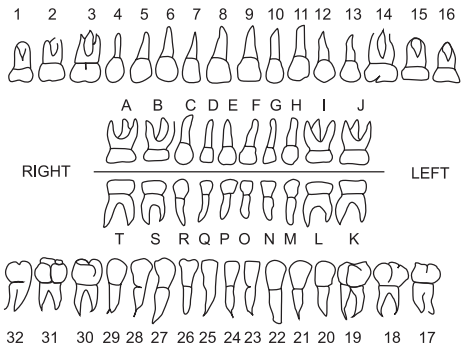
**REFERRING** \_\_\_\_\_

**DATE** \_\_\_\_\_

If you are being referred for surgery and general anesthesia (going to sleep) is anticipated OMIT ALL FOODS AND LIQUIDS including water, for six hours prior to appointment. Please bring someone to drive you home.

**ORTHOGNATHIC SURGERY**

- Evaluation & Analysis
- Reconstructive Surgery



**ORAL / FACIAL PATHOLOGY**

- Consult / Diagnosis
- Treatment

**Remarks** .....

**FACIAL TRAUMA**

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 .....

**LASER SURGERY**

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**Dr.** \_\_\_\_\_

**3D-CT IMAGING**

**Phone** \_\_\_\_\_

