



MID-MICHIGAN
PERIODONTICS &
DENTAL IMPLANTS

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Referring Doctor: _____

This is to Introduce: _____

For Periodontic and/or Dental Implant Treatment

Appointment: Date: _____ / _____ / _____ Time: _____ :

Reason for Referral:

- Comprehensive Periodontal Evaluation
- Periodontal Evaluation with Focus on: _____

- Implant Consultation: _____
- Crown Lengthening on: _____
- Mucogingival Evaluation of: _____
- Other: _____

Right	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	Left
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

Comments: _____

Doctor's Signature: _____

Date: _____ / _____ / _____

X-Ray Enclosed

Please Call About This Patient