



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: _____ :

Referred for:

- Comprehensive Exam
- Implant(s) # _____
 - Biohorizons Nobel Zimmer
- Peri Implantitis # _____
- Extraction with bone grafting
- Crown Lengthening # _____
- Other: _____
- Periodontal Condition # _____
- Frenectomy _____
- Recession # _____
- CBCT: Maxilla _____ Mandible _____ # _____
- Tooth Exposure # _____

*Please send most recent full-mouth radiographs and bitewings (BW's)

Date of last scaling/root planning _____

Comments: _____

Doctors' Signature: _____

