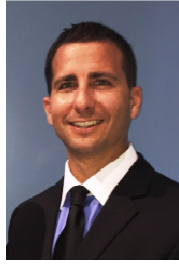


**Joseph E. Pechter, D.M.D.**  
 Board Certified Periodontist  
 Practice Limited to Periodontics and Implant Dentistry



Referring Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please see the above patient for the following treatment:

\_\_\_\_\_

\_\_\_\_\_

- Provide a Periodontal Exam and Treatment Plan.
- Provide a Dental Implant Evaluation.
- Radiographs emailed.

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

*The Oaks*  
 4350 Sheridan Street  
 Suite 201D  
 Hollywood, FL 33021-3556  
 (954)-981-0012 (office)  
 (954)-986-9966 (fax)  
[doctorpechter@gmail.com](mailto:doctorpechter@gmail.com)  
[www.perioflorida.com](http://www.perioflorida.com)

WHITE - Patient Copy - Bring to Appt.  
 CARD - Referring Dentist

