

Joseph E. Pechter, D.M.D.

Board Certified Periodontist
Practice Limited to Periodontics and Dental Implant Surgery



Referring Dentist: _____ Date: _____

Patient Name: _____

954-367-3356

Patient Phone: _____ Appt. Date: _____

Please see the above patient for the following treatment:

- Provide a Periodontal Exam and Treatment Plan.
- Provide a Dental Implant Evaluation.
- Provide a 3D CBCT Scan.

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

Emerald Park Office Center

2699 Stirling Road
Suite C201

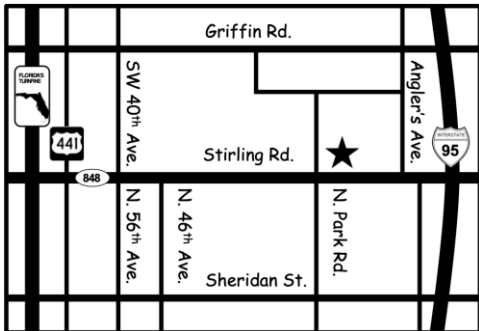
Hollywood, FL 33312

954-367-3356 (office)

954-210-9879 (fax)

doctorpechter@gmail.com

www.perioflorida.com



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