

# Mark D. Zahn D.D.S., M.S., P.C.

*Practice Limited to Periodontics  
Implant Dentistry and Oral Medicine*

2207 Jackson Ave.  
Ann Arbor, MI 48103  
(734) 994-9145

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Periodontal Condition       | <input type="checkbox"/> Implants _____ |
| <input type="checkbox"/> Periodontal Plastic Surgery | <input type="checkbox"/> Bruxism/TMJ    |
| <input type="checkbox"/> Pathology/Oral Lesion       | <input type="checkbox"/> Other _____    |

Remarks \_\_\_\_\_

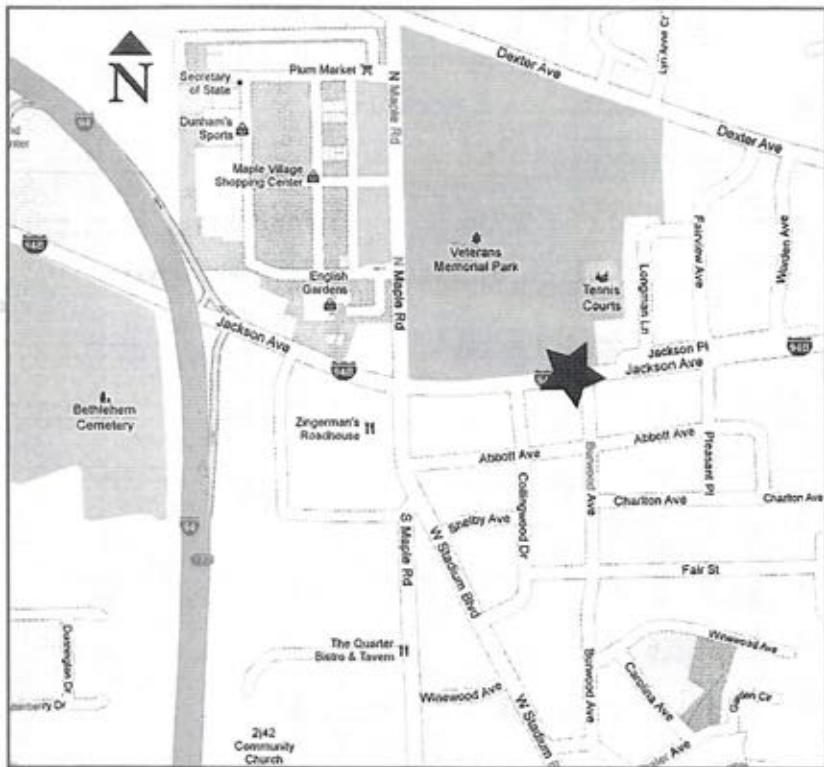
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## Patient Instructions:

1. Consultations are required prior to treatment appointment.
2. Please call our office to schedule an appointment.
3. Please bring this form to your appointment.
4. Because of the nature of surgical care, your wait time may be longer than anticipated. We will make every effort to see you promptly.

Referring Doctor \_\_\_\_\_

- Please send additional referral slips



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