



PERIODONTICS • IMPLANTOLOGY

www.premierperiodontics.com

Bellevue

12301 NE 10th Pl., Suite 300A
Bellevue, WA 98005
Phone: 425.455.2020
Fax: 425.455.0310

Kirkland

11830 NE 128th St., Suite 102
Kirkland, WA 98034
Phone: 425.821.9595
Fax: 425.821.3154

Mercer Island

2737 77th Ave. SE, #212
Mercer Island, WA 98040
Phone: 206.232.0683
Fax: 206.905.0253

Redmond

7530 164th Ave. NE, Suite A120
Redmond, WA 98052
Phone: 425.289.0142
Fax: 425.650.9993

Welcome To Our Practice!

OUR MISSION

To assist each patient in reaching the highest level of periodontal health, in an environment that is safe, comfortable, and professional.

1. Please call for your examination appointment. We will request to see you for an evaluation, to diagnose your condition, determine appropriate treatment options, and outline the estimated fees for our professional service.
2. For those who have dental benefits, please make sure to bring your insurance information. We will be happy to submit your statement to your insurance carrier to help you obtain maximum insurance coverage. For those without dental benefits, we will be glad to assist you with financial arrangements.
3. Please bring your most recent x-rays with you or preferably have your dentist mail/email them to us prior to your examination appointment. We also encourage you to bring a list of any medications you are taking.

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First Available

Dr. Fernyhough **Dr. Dkeidek** **Dr. Toloue** **Dr. Richert**

REQUESTED PATIENT INFORMATION:

Referring Dr.: _____ Date: _____

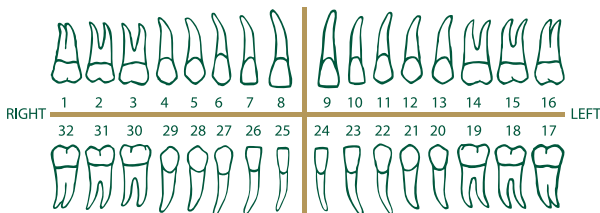
*Patient Name: _____ Male Female DOB: _____

*Patient Phone# _____ Email: _____

Email most current FMX and PA to referral@premierperiodontics.com

EXAMINATION REQUESTED

- Comprehensive Periodontal Evaluation
 - Periodontics rendered in your office? Date _____
- Prescriptive Evaluation
 - Mucogingival Problems (*recession, CT graft, allograft, Pinhole®*)
 - Crown Lengthening (*functional, esthetic*)
 - Implant Evaluation
 - Full Arch Implant Evaluation
 - Surgically Facilitated Orthodontic Treatment / PAOO
 - Oral Pathology/Biopsy Other _____



SPECIFIC DETAILS: _____
