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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.

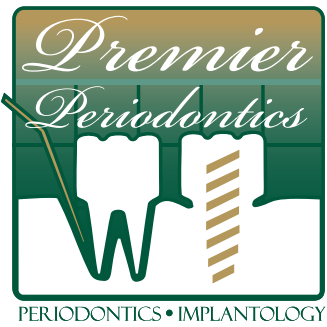
1. Please call for your examination appointment. We will request to see you for an evaluation, to diagnose your condition, determine appropriate treatment options, and outline the estimated fees for our professional service.
2. For those who have dental benefits, please make sure to bring your insurance 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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REQUESTED PATIENT INFORMATION:

Referring Dr: _____ Date: _____

*Patient Name: _____ Male Female DOB: _____

*Patient Phone# _____ Email: _____

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

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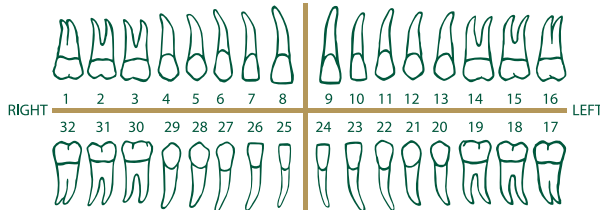
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EXAMINATION REQUESTED

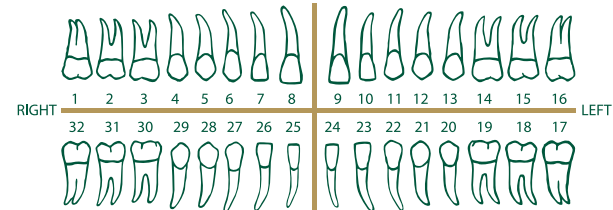
- Comprehensive Periodontal Evaluation
 - Periodontics rendered in your office? Date _____
- Prescriptive Evaluation
 - Mucogingival Problems (*recession, CT graft, allograft, Pinhole®*)
 - Crown Lengthening (*functional, esthetic*)
 - Implant Evaluation
 - Full Arch Implant Evaluation
 - Surgically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



SPECIFIC DETAILS: _____

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