

**Issaquah**

1740 NW Maple St, Ste 110  
Issaquah, WA 98027  
(425)392-8992

**Redmond**

15955 NE 85th St, Ste 205  
Redmond, WA 98052  
(425)895-9575

**Referring Doctor:**

- Dr. Ken Akimoto
- Dr. Luciana Safioti
- Dr. David Zhu
- Soonest Available

- Dr. Jeff Kanter
- Dr. Ruby Lwo
- Soonest Available

**Patient Name:** \_\_\_\_\_

**Patient Phone Number:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Does patient require premedication?**  Yes  No

**COMPREHENSIVE EXAMINATION FOR:**

- |  |   |
|--|---|
| <input type="checkbox"/> Periodontal Disease/Bone Loss | <input type="checkbox"/> Scaling & Root Planing               |
| <input type="checkbox"/> Extraction/Root Amputation    | <input type="checkbox"/> Biopsy                               |
| <input type="checkbox"/> Dental Implant(s)             | <input type="checkbox"/> Frenectomy/Fiberotomy                |
| <input type="checkbox"/> Recession/Root Coverage       | <input type="checkbox"/> Ortho Related (Pre-ortho, TAD, PAOO) |
| <input type="checkbox"/> Clinical Crown Lengthening    | <input type="checkbox"/> Esthetic/Cosmetic Crown Lengthening  |
| <input type="checkbox"/> Other: _____                  |   |

**Does patient have periodontal disease?**  Yes  No **Date of SRP:** ( \_\_\_/\_\_\_/\_\_\_ )

**RADIOGRAPHS REQUIRED:**

- Full mouth series (FMX) – Required for periodontal evaluation (taken within the last 3 years)
- Bitewings (BW) – If applicable, taken within the last year
- Periapical (PA) – For specific areas of concern

To avoid delays, please attach required radiographs to this referral or email them to [info@nwperio.com](mailto:info@nwperio.com) prior to the patient's appointment.

**REFERRING DOCTOR COMMENTS:**

**RESTORATIVE PLANS BEING PURSUED:**

**ORTHODONTIC PLANS BEING PURSUED:**

# NORTHWEST PERIODONTICS & IMPLANTS

## WELCOME TO OUR OFFICE

- To schedule your New Patient Exam, please call our Issaquah office at (425)392-8992 or our Redmond office at (425)895-9575.

- Your initial visit will be a comprehensive examination, not the referred procedure, except in limited cases. This comprehensive
- examination will be to diagnose your condition and to determine the required treatment, if any, plus outline the fees for our professional services.

- For your convenience, we will submit your insurance claim after treatment.
- Please bring your insurance card and relevant details to your exam so we can assist you in maximizing your coverage efficiently.
  - Patients under 18 must be accompanied by a parent or legal guardian for their exam and procedure(s).

- As healthcare professionals, we are dedicated to providing the highest quality care while ensuring your visit is comfortable and stress-free.

### **Issaquah**

1740 NW Maple St, Ste 110  
Issaquah, WA 98027  
P: (425)392-8992  
F: (425)392-0184  
info@nwperio.com

### **Redmond**

15955 NE 85th St, Ste 205  
Redmond, WA 98052  
P: (425)895-9575  
F: (425)392-0184  
info@nwperio.com