



Implant & Periodontal Associates NW

Vikas Puri, DDS, MSD, Diplomate
American Board of Periodontology

509-542-9111
correspondence@ipanw.com

Referred by: _____ Date: _____

Patient Name: _____ DOB: _____

Address: _____

Phone - Home: _____ Cell: _____ Work: _____

Email Address: _____

The following information will help us more efficiently serve your patient:

Dental Insurance? (circle one): Yes or No. Insurance Company: _____

Subscriber Name: _____ DOB: _____ ID #: _____

Treatment

- Perioscopy
- Pocket Reduction
- Bonegrafting
- Laser/LANAP® & LAPIP® Therapy
- Root Coverage
- Soft Tissue Graft
- Tooth Removal
- Implant
- Ridge Augmentation
- Bone Graft/GTR
- Crown Lengthening
- Ortho Exposure/PAOO
- Fibrotomy
- Frenectomy
- Oral Pathology

Reason for Referral (please include tooth #s if applicable):

We welcome all available radiographs.
Please forward to: correspondence@ipanw.com

Dear Patient: Your first appointment at our office will be a specialty examination. We will evaluate your x-rays, conduct a preliminary exam of your mouth, and provide a diagnosis of your oral health. The estimated treatment time needed, fees, payment options, and estimated insurance coverage will also be reviewed.

Please note that there is a fee associated with your first visit and is billable to insurance. If you would like more details, or have any other questions, please feel free to contact our office directly.

We are committed to excellence in patient care. Thank you for the confidence you place in us.

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Richland, Washington 99352
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F: 509.460.4912

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