

Request your new appointment online at kirklandperio.com



Hello, my name is Dr. Jessica Hsu and I would like to welcome you to our periodontal specialty practice. We are located in Kirkland, WA down the street from the Marina Park and Kirkland Urban Shopping Center. Your dentist has determined that you may benefit from the care of a periodontist, and I would like to humbly offer our expert hands, caring staff, and world class facilities for your treatment consideration.

As an alumni for the internationally renowned University of Washington Periodontics Program and as an American Board of Periodontology diplomate candidate, I am a strong believer in interdisciplinary care and work only with those select dentists that share our high standards for patient care. Integrity, compassion, and a gentle touch are the hallmarks of our practice.

At our clinic, our priority is to provide a comforting environment and ensure a seamless and consistently excellent patient experience.

What to Expect at Your First Visit:

A thorough evaluation of your periodontal condition will be completed at your first visit. This may include full mouth probing of your gum pockets, assessment of gum recession or X-rays as needed, to supplement what your dentist has already sent us or 3D dental CT scans to assess your candidacy for dental implant placement.

In most cases, a treatment plan following your evaluation will be presented to you with detailed information about fees associated with care, as well as what your dental insurance coverage may be. A follow up meeting may be required if the doctor requires a consultation with your physician or dentist prior to providing you with an appropriate treatment plan.

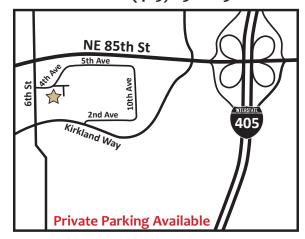
Before Your Visit:

Please visit us at **kirklandperio.com/newpatientforms** to fill out your new patient forms. If you do not have access to a computer, please arrive 20 minutes before your scheduled visit to fill out these forms.

The easiest and best way to schedule your initial visit is by filling out a new patient appointment request at www.kirklandperio.com

If you have any questions or concerns, please email Dr. Hsu directly at drhsu@kirklandperio.com and she will be happy to answer them promptly.

625 4th Avenue, Suite 201 Kirkland, WA 98033 PHONE: (425) 658.0850





PATIENT INFORMATION Today's Date: _____ Full Name: First M.I. Primary Phone: () ______ Email: _____ Requesting Doctor's Name: ______ Phone:() _____ ☐ X-rays Sent to appointments@kirklandperio.com ☐ X-rays Needed ☐ CBCT 3D X-rays May be Required **REASON FOR REFERRAL** PATIENT BEING REFERRED FOR: ___ PRESCRIPTION TREATMENT: ☐ Limited Evaluation: ☐ Crown Lengthening (please temporize tooth prior to referral)(teeth): ______ ☐ Biopsy (sites): ____ PERIODONTAL DISEASE MANAGEMENT NEEDED: ☐ Comprehensive Periodontal Evaluation ☐ Initial Therapy Already Completed Yes ☐ No ☐ Date Completed: _____ PERIODONTAL PLASTIC SURGERY: ☐ Connective Tissue Graft for Root Coverage (teeth): _____ ☐ Free Gingival Graft for Augmentation (teeth): _____ □ VISTA/Tunneling Surgical Approach Evaluation (teeth): ☐ Cosmetic Gum Lift (Crown Lengthening): _____ ☐ Alloderm (no palate) gingival grafting: _____ **DENTAL IMPLANT TREATMENTS:** ☐ Hopeless Teeth Requiring Evaluation for Replacement: _____ ☐ Missing Teeth Requiring Replacement: _____ ☐ Evaluate Site for Immediate Implant Temporization: ☐ Sinus Evaluation for Implant Placement: _____ ☐ Assessment for All on Four Full Arch Tooth Replacement:

Patients that desire the best periodontal and dental implant care can depend on our team to deliver state-of-the-art, conservative treatment solutions in a warm, family-like environment. This care will always be delivered with compassion, respect and an expectation of clinical success. Dr. Hsu will be personally available and accessible to answer your questions in a timely manner and our team will be here to support you through your treatment process.