

DR. MICHAEL M. PERRY
DR. BRENDA L. FOWLER
866-667-4867
PRACTICE LIMITED TO PERIODONTICS
Periodontal Plastic Surgery
Regenerative Therapy
Dental Implants

Dear _____

Thank you for selecting us as your personal periodontal health care team. We will make every effort to ensure your relationship with us will be a pleasant one. Enclosed please find a New Patient Information Packet. Please fill in all of the information on each form and sign in the appropriate areas. Please bring this packet with you the day of your appointment.

Good dental health requires a lifetime commitment on your part. Keeping your natural teeth throughout your lifetime is now possible, if you desire it. We will help you control your dental destiny through a program incorporating preventive dentistry. Preventive dentistry is the most important service we can provide for you. It includes regular check-ups and cleanings with your personal dentist as well as correcting dental problems before they result in the loss of a tooth.

Our entire staff is here for one purpose . . . To help you in whatever manner we can. If at any time you have a question, about our treatment plan, fees or services, please discuss it with us promptly and openly. We will answer your questions courteously and to the best of our ability.

Our goal is a long-time, mutually satisfying relationship, which gives you the ability to maintain an effective preventive dentistry program.

Again, we thank you for becoming a part of our "periodontal family". We look forward to seeing you on _____ at _____.

Warmest Personal Regards,

Michael M. Perry and Brenda L. Fowler