

Alice H. Tai, D.D.S.

Periodontics and Dental Implants

Diplomate, American Board of Periodontology

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Today's Date _____

Patient's Name _____

Home # _____ Alternate # _____

Referred by Dr. _____

The patient is being referred for evaluation and treatment of:

- Comprehensive Periodontal Examination
- Limited Periodontal Examination *(Please comment on location and nature of concern)*

- Emergency examination and treatment *(Please call for an immediate appointment)*

- Implant consultation and treatment

Radiographs:

- Pertinent radiographs enclosed *(FMX preferred for comprehensive exam)*
- Patient will bring in radiographs
- Please take a new Full Mouth Survey and send us a set

Dental History:

Root planing Date _____

Previous periodontal surgery Date _____ Location _____

Periodontal maintenance therapy every _____ months

Restorative Treatment Plan and Comments:

Alice H. Tai 

Referrals can also be made online at www.DrAliceTai.com. Thank you for your referral.

Patient's copy

We would like to welcome you to our office. Your dentist has already advised you that you may have periodontal (gum) disease. As a periodontist, Dr. Tai is a dental specialist in the diagnosis and treatment of diseases affecting the support of your teeth. At the initial visit, you will complete a medical and dental questionnaire. You will then receive a thorough examination of your condition. At the conclusion of the examination, you will receive recommendations based on your individual condition. You are encouraged to ask any questions you have regarding your condition and the plan of care recommended to you. If you wish, you may bring your spouse or a close family member along to listen to the consultation.

We look forward to meeting you.

Location

We are located 1 mile east of I680 at:

525 Bollinger Canyon Way, Suite 103
San Ramon, California 94582
(Across from Club Sport)

