

Dear Patient:

Thank you for calling our office for a **periodontal/implant examination.**

The date of your initial examination appointment is on the enclosed card. Included, you will also find literature pertinent to the type of oral health conditions that we treat. Please examine this literature, as it will greatly improve our communication at the examination appointment. Please bring the following to your appointment: 1. Your completed yellow health questionnaire. 2. Dental insurance information, such as forms, group numbers, etc. Compliance with this request can expedite your appointment. It is our desire to provide for your dental needs as thoroughly and efficiently as possible. **Complete oral health is the ultimate goal. "Beautiful Smiles Through Periodontics and Dental Implants"**

This letter is your introduction to our office policy. New patients receive a thorough periodontal/implant examination consisting of the following.

1. Complete periodontal charting.
2. Examination of available x-rays.
3. Any other diagnostic aids necessary to render a thorough diagnosis.
4. Introduction to good oral hygiene procedures.

Our office policy is that the first visit is to be paid at the time it is rendered, regardless of any dental insurance coverage. The fee for the initial examination will be \$150.00. If a full mouth series of digital x-rays is necessary (FMX), there will be an additional fee of \$150.00. There may be a separate consultation visit at a later date, at which there is no charge. The initial examination is approximately 1 hour, and the consultation visit is approximately 45 minutes in duration.

After the examination is completed, a consultation will be provided and financial arrangements will be made, with the Financial Coordinator. It is strongly recommended that your spouse accompany you at the treatment plan consultation. **We want to help maintain your natural teeth/implants and smile for the rest of your life.**

Should it be necessary for you to reschedule an appointment, we request a 48-hour notice, except in cases of emergency, so that the time reserved for you may be utilized by someone in equal need of care.

We look forward to meeting you and thank you, for allowing us to treat you.
Sincerely yours,

Dennis Nishimine, D.D.S., M.S.D.
Dee C. Nishimine, D.D.S.
Sophia Y. Tseng, D.M.D

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