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**Tabitha Chen, D.D.S.**  
 Specialist in Periodontics

Date: \_\_\_\_\_  
 Referring Doctor: \_\_\_\_\_  
 Ref. Dr. Phone: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_  
 Patient Phone: \_\_\_\_\_

Areas of Most Concern:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

**Service Requested:**

- Complete Periodontal Evaluation
- Limited Periodontal Evaluation
- Osseous Surgery
- Muco-gingival Problem / Gingival Recession
- Implants
- Crown Lengthening
- Extraction with Bone Graft
- Distal Wedge
- Gingivectomy
- Frenectomy
- Other \_\_\_\_\_

**Previous Periodontal Treatment:**

- Gross Scaling      Date \_\_\_\_\_
- Root Planning      Date \_\_\_\_\_
- Surgery              Date \_\_\_\_\_

**Radiographs:**

- Mailed     Sent with patient
- Take at office
- Email xrays:  
[xrays@willowglendentialspecialists.com](mailto:xrays@willowglendentialspecialists.com)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Appointment \_\_\_\_\_ at \_\_\_\_\_ am / pm

Referring Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

APPOINTMENTS CANCELLED WITH LESS THAN 24 HOURS NOTICE  
 SUBJECT TO \$75.00 CANCELLATION FEE.