

INITIAL CONSULTATION FOR: <<Patient's Full Name>>

Dear Dr. <<Ref Dr Last Name>>,

<<Current Date>>

A periodontal examination and consultation has been completed for your patient. A summary of my findings and treatment plan are outlined below.

MEDICAL SUMMARY:

Age- year old female Health status- fair poor good
History- Non-contributory. She denies any allergies

CLINICAL SUMMARY:

The current level of oral hygiene was: Fair Poor Good
The gingival tissues were noted as: Inflamed Receded Normal Fibrotic

The width of attached gingiva was: Adequate Minimal Inadequate
Furcations were present on:

Diagnosis:

Suspected vertical root fracture- #

Non- Surgical therapy will most likely include the following:

Oral hygiene training
Presurgical consultation

Surgical therapy will involve:

Exploratory flap surgery

If no fracture is found the tooth will be treated periodontally. If a vertical fracture is confirmed the tooth will be extracted and a socket graft will be placed to preserve the alveolar dimensions and later to serve as a foundation for an implant.

When I have completed the outlined treatment plan, I will refer the patient back to your office to continue with regular preventive appointments and for any necessary treatment.

Thank you for the confidence you have expressed in us by this referral. Our office is committed to the excellent care of your patients and we will continue to pursue the highest level of care available. If you have any questions regarding my findings or the proposed therapy, please do not hesitate to call.

Sincerely,

Steven J. Spindler, DDS
electronically signed