

**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 male Health status- Good Fair Poor  
History- Non-contributory. He denies any drug allergies.

**CLINICAL SUMMARY:**

The current level of oral hygiene was: Fair  
The gingival tissues were noted as: Inflamed and Receded  
The width of attached gingiva was: Inadequate- #

Occlusal trauma evidenced by: None  
Tooth mobility was noted on: None  
Furcations were present on: None

**Diagnosis:**

abnormally high and active frenum insertion

**Prognosis:**

Poor / Hopeless- None  
Questionable- None  
Good/Fair- All teeth

The primary and contributing etiologies demonstrated are:  
Inconsistent oral hygiene

Bacteria

**Non- Surgical** therapy will most likely include the following:

- Oral hygiene training
- Presurgical consultation

**Surgical therapy** will involve:

Frenectomy- #

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

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 Spindler, DDS  
electronically signed