

**POST TREATMENT CONSULTATION FOR:** <<Patient's Full Name>>

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

<<Current Date>>

Periodontal therapy has been completed. The following case report summary is for your records.

**PATIENT UPDATE:**

Therapy Compliance- Good  
Medical-No medical changes occurred during the course of therapy.

**CLINICAL SUMMARY:**

The current level of oral hygiene is: Fair  
The gingival health presently is : Normal  
Teeth exhibiting bleeding or exudates: No Exudates

Tooth mobility was noted on: None  
The mucogingival status is: Improved

**Prognosis:**

Stable for the long term as long as compliance is good for the prescribed oral hygiene and maintenance care.

We have prescribed and demonstrated oral hygiene with:

Soft brush  
Dental floss

Periodontal therapy included the following procedures:

**Non- Surgical:**

Oral hygiene training  
Pre-Surgical Consultation

**Surgical:**

Frenectomy- area

Adequate periodontal maintenance is essential for long term successful results to be realized. Please schedule these appointments in your office based on your normal re-care schedule. We have released this patient from care in our office.

As usual, I enjoyed participating in the care of this patient with you. I look forward to working with you again soon.

Sincerely,

Steven Spindler, DDS  
electronically signed