



Aymee C. Spindler, DDS
Steven J. Spindler, DDS

Implant Reevaluation Report

Patient Name- <<Patient's Full Name>>

Date- <<Current Date>>

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

This note serves provide you with an update on the care of your patient.

Your patient was in today for a follow up examination on implant(s) placed in our office. The following sites were evaluated:

All gingival parameters and bone presentation appeared normal. Impression = Stable implant(s)

The PA film is attached.

Thank you for your referral and allowing me to assist in the care of your patient.

Sincerely,

Steven Spindler, DDS
Electronically signed