

Supportive Periodontal Therapy Report

<<Current Date>>

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

Patient Name: <<Patient's Full Name>>

This patient was in our office today for an appointment. The periodontal findings were as follows:

Plaque control: Good Fair Poor

Periodontal Health: Stable Improved Regressing
Mucogingival Status: Stable Improved Regressing

We prescribed the following oral hygiene aids:

Soft brush	Proxy brush	Dental floss
End tuft brush	Periodic antibiotics	Irrigator
Listerine	Chlorhexidine	Tongue scraper

Xrays taken today include: None

Areas of Concern: None

Comments:

The next supportive periodontal therapy appointment should take place:

Our office Your office

For this patient, we recommend a recall frequency of 3 months.

It has been a pleasure working with you and your staff toward the goal of periodontal health. If you have any questions regarding this patient, please do not hesitate to call.

Sincerely,

_____, RDH
electronically signed

