Periodontal HEALTH SPECIALISTS

Aymee C. Spindler, DDS
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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- gGood
History- Non-contributory. She denies any drug allergies.

CLINICAL SUMMARY:

The current level of oral hygiene was:	Fair
The gingival tissues were noted as:	Inflamed
The width of attached gingiva was:	Adequate
Occlusal trauma evidenced by:	None
Tooth mobility was noted on:	None
Furcations were present on:	None

Diagnosis:
Inadequate clinical crown length for restoration which requires lengthening to establish a normal biologic width

Prognosis:
Poor / Hopeless- None
Questionable- None
Good/Fair- All other teeth

Non- Surgical therapy will most likely include the following:
Oral hygiene training
Presurgical consultation

Surgical therapy will involve:
Crown lengthening-

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,