

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

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

<<Current Date>>

Periodontal crown lengthening surgery has been completed and we are now ready to return your patient to your office. The following case report summary is for your records.

**PATIENT UPDATE:**

Pressure- 120/80                      Therapy Compliance- Good  
Medical- No medical changes occurred during the course of therapy.  
No new medications were reported.

**CLINICAL SUMMARY:**

The current level of oral hygiene is:	Good	Fair	Poor
The gingival health in the surgery site presently is:	Normal		Inflamed
Tooth mobility in the surgery site was noted:	None		
The mucogingival status in the surgery site is:	None		

**Prognosis:**

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

Individual Teeth-

Poor / Hopeless  
Questionable  
Good / Fair

We have prescribed and demonstrated oral hygiene with:

Soft brush	Proxy brush
End tuft brush	Dental floss
Listerine	

Periodontal therapy included the following procedures:

**Non- Surgical:**

Oral hygiene training  
Pre surgical consultation

**Surgical:**

Crown Lengthening-

Adequate periodontal maintenance is essential for long term successful results to be realized. Please schedule these appointments in your office per your normal recare scheduling.

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

Sincerely,