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

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 male Health status- Good Fair Poor
History- Non-contributory. He denies any drug allergies.

CLINICAL SUMMARY:

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

Diagnosis:
Localized mucogingival defects #

Prognosis:

Poor / Hopeless-	None
Questionable-	None
Good/Fair-	All teeth

The primary and contributing etiologies demonstrated are:
Bacterial plaque
Inconsistent oral hygiene

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

Surgical therapy will involve:
Gingival grafts- #

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,

Steven Spindler, DDS
Electronically signed