

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

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

<<Current Date>>

Periodontal therapy has been completed and we are now ready to schedule recall visits and any necessary restorative appointments. The following case report summary is for your records.

PATIENT UPDATE:

Therapy Compliance- Good

Medical- No medical changes occurred during the course of therapy.

CLINICAL SUMMARY:

The current level of oral hygiene is:	Fair
The gingival health presently is :	Normal
Teeth exhibiting bleeding or exudates:	No Exudates
Tooth mobility was noted on:	None
The mucogingival status is:	Improved

Prognosis:

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

We have prescribed and demonstrated oral hygiene with:

Dental floss
Listerine

Periodontal therapy included the following procedures:

Non- Surgical:

Oral hygiene training
Pre- Surgical Consultation

Surgical:

Gingival Graft on #

Adequate periodontal maintenance is essential for long term successful results to be realized. Please schedule these appointments in your office based on your normal recare schedule. We have released this patient from care in our office.

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

Sincerely,

Steven Spindler, DDS
electronically signed