

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- 40 year old female Health status- fair poor good
History- Non-contributory. She denies any drug allergies.

CLINICAL SUMMARY:

The current level of oral hygiene was: Good Fair Poor
The gingival tissues were noted as: Inflamed Receded Normal Fibrotic
The width of attached gingiva was: Adequate Minimal Inadequate

Occlusal trauma evidenced by: Wear facets Fremitus Bone loss pattern
Tooth mobility was noted on:
Furcations were present on:

Diagnosis:

Periodontitis- Generalized moderate, localized advanced

Prognosis:

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

The primary and contributing etiologies demonstrated are:

Bacterial plaque in a susceptible host Smoking Occlusal trauma Medical

Non- Surgical therapy will most likely include the following:

oral hygiene training scaling root planing presurgical consultation
antibiotic therapy occlusal adjustment bite guard reevaluation

Surgical therapy will involve:

osseous surgery- UR, UL, LL, LR flap surgery- UR, UL, LL, LR
gingival graft connective tissue graft crown lengthening bone graft
guided tissue regeneration root amputation gingivectomy- UR, UL, LL, LR
Minimally invasive laser flap surgery with perioscopic assisted root planing

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