

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 maintenance and any necessary restorative appointments. 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
The gingival health presently is:	Normal
Teeth exhibiting bleeding or exudates:	No Exudates
Pocketing over 4mm noted on:	Isolated 4 mm's
Tooth mobility was noted on:	None
The mucogingival status is:	Stable

Prognosis:

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

Prognosis for individual Teeth-
Questionable-
Fair/Good-

We have prescribed and demonstrated oral hygiene with:

Soft brush electric tooth brush Proxy brush Dental floss Listerine

Periodontal therapy included the following procedures:

Non- Surgical:

Oral hygiene training Scaling Root Planing Antibiotics
Reevaluation

Surgical:

Osseous Surgery-
Bone Regeneration- Do not probe for 6 months.
Minimally invasive laser flap surgery with Perioscopic root debridement

Adequate periodontal maintenance is essential for long term successful results to be realized.

Please schedule these appointments in:

We plan to schedule maintenance every:

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