

<<Current Date>>

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

Patient Name: <<Patient's Full Name>>

This patient was in our office today for an appointment. The periodontal findings were as follows:

Plaque control: Good Fair Poor

Periodontal Health: Stable Regressing Improving

Mucogingival Status: Normal Compromised

We prescribed the following oral hygiene aids:

Soft brush Dental floss Proxy brush

End tuft brush Chlorhexidine
Listerine

X-rays taken today include: None

Areas of Concern: None

Comments: _____

The next supportive periodontal therapy appointment should take place:

Our office Your office

For this patient, we recommend a recall frequency of 3 months.

It is always a pleasure working with you and your staff toward the goal of periodontal health. If you have any questions regarding this patient, please do not hesitate to call.

Sincerely,