



Date: _____

Patient: _____

Phone: _____

Dear Dr. _____,

We would like to arrange alternating recalls with your office so that we may keep a constant check on the periodontal and restorative condition of this patient.

Periodontal maintenance with us has been set for _____.

We would like to alternate recalls on a _____ monthly basis.

Please schedule this patient's return to your office for prophylaxis and examination in _____.

Sincerely,

Dr. Stephan A. Kohnen, D.M.D.

Dr.Kohnen@PostOakPerio.com

AREA OF CONCERN: _____

