



August 7, 2015

Sample Referral, DMD  
134 Ridgeway Drive  
Crestview AZ 93881

**Patient Name:** Jennifer Ortiz  
**Office:** Mountain Sky Dental Surgery  
**Exam:** Post-Op Exam

Dear Dr. Referral,

Thank you for referring Jennifer Ortiz to our office for evaluation on May 19, 2015. The following describes treatment findings and treatment recommendations:

**Clinical Summary**

Patient presents for post-operative follow-up from crown lengthening on March 14, 2015.

**Clinical Findings**

Noted normal healing on evaluation of the healing surgical site.

**Summary of Post-Op Care**

Polished teeth in the surgical region. Dispensed to the patient an interproximal brush. Reviewed oral hygiene techniques and care of the surgical area with the patient.

**Next Visit/Plan**

Risks/Benefits/Options reviewed with the patient. The following plan is what the patient elected:  
1) Proceed with restoration #19 at anytime

**Additional Notes**

Excellent healing and stable periodontium with adequate clinical crown height.

Please feel free to call or email us with any questions.

Kindest regards,

A handwritten signature in black ink that reads "Dylan Young, DDS". The signature is written in a cursive, flowing style.

Dylan Young, DDS, MS