

Date: _____

Attention: Dental claims consultant

Patient name: _____

DOB: _____

Member ID#: _____

D4910: Periodontal maintenance

The patient referenced above has a history of progressive bone loss and periodontal surgery.

Treatments rendered:

Extractions: _____ Date(s) of surgery: _____

Bone graft: _____ Date(s) of surgery: _____

Periodontal surgery: _____ Date(s) of surgery: _____

Implant placement: _____ Date(s) of surgery: _____

Treatment listed above has been completed and should qualify our patient to receive dental plan benefits for periodontal maintenance every three months/four times per year to minimize the risk of relapse, periodontal pocketing, inflammation, and tooth loss.

The patient has received proper oral hygiene instructions during his/her last exam and has been advised to visit the office for an exam, periodontal charting, and routine x-rays every three months/four times per year.

Should you have any questions, please contact me and I will make myself available to discuss further.

Thank you,

(Doctor Name)
