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*Diplomate, American Board of Periodontology
 Periodontics and Dental Implant Surgery
 NJ Specialty Permits #3373, #5070, #6606

Introducing _____ Date _____

Dear Drs. Yasner, Kazemi and La:

We request that you:

- _____ Evaluate the patient's overall periodontal status.
- _____ Evaluate the following specific problem areas:

- _____ Patient's medical history is non-contributory.
- _____ Please note the following medical concerns:

- _____ Please take new radiographs as needed.
- _____ Enclosed please find the following radiographs:

- _____ Patient is interested in sedation.

	Procedures Completed	Anticipated Treatment
Initial Prophylaxis	_____	_____
Initial Restorative	_____	_____
Root Planning	_____	_____
Removable Prosthetics	_____	_____
Fixed Prosthetics	_____	_____
Implants	_____	_____

Additional Notes:

Thank you for your cooperation in improving this patient's oral health.

Sincerely,

_____ DMD/DDS
 (Sign clearly or print please)