

Dear Dr. _____,

You and I share a mutual patient:

_____.

Patient's DOB: _____

In an effort to rule out the mouth as a source of illness, I'm asking for the following information.

This patient:

(please check all that apply)

- Is dentally and periodontally healthy (has no infections or airway restrictions and stable bite)
- Has not been to see me in more than ___ years
- Has never been to my office
- Has active periodontal disease
- Is undergoing periodontal treatment and actively involved in removing the infection. If you checked this section, please explain:

- Is not receiving periodontal treatment and has declined our recommendations.

- Oral cancer screening results: negative or positive

Possible airway obstructions: tongue ___ tonsils ___ soft palate ___

- Has active decay

- Has pulpal involvement (needs one or more root canals or extractions)

- Is removing infections with root canals or extractions. Treatment is expected on: _____

- Stable occlusion (bite)

- Other: _____

If our mutual patient is not following through on oral care, please inform us. We will encourage their oral health care.

Thank you,
