Date:

Dear Dr. _________________________:

This letter of referral introduces ________________________________, who has been a patient in our practice since ______________________________. This patient is being referred for consultation and/or treatment of the following condition(s):____________________________________________________

_____________________________________________________________________________________________.

We have the following diagnostic information available for your use:

Radiographs: FMX ____/____/____; Bitewings: ____/____/____; Panoramic: ____/____/____;

Study Models: ____/____/____; Intraoral Video/Photos: ____/____/____.

We have recently completed the following evaluation/treatment:

Full Mouth Exam: ____/____/____; Periodontal Exam: ____/____/____; TMJ Exam: ____/____/____;

Prophy: ____/____/____; Scaling & Root Planing: ____/____/____; Periodontal Surgery: ____/____/____;

Extractions: Tooth # ______, ____/____/____; Endodontics: Tooth # ______, ____/____/____;

Restorations: Tooth # ______, ____/____/____; # ______, ____/____/____; # ______, ____/____/____;

Crown & Bridge: Tooth # ______, ____/____/____; # ______, ____/____/____; # ______, ____/____/____;

Implants: Tooth # ______, ____/____/____; P/P: ____/____/____; F/F: ____/____/____;

Ortho: _________________________, ____/____/____.

Please give the prognosis of Teeth # _________________________________. They are of critical concern to the treatment plan.

We have told the patient the following about his/her condition: _____________________________________

_____________________________________________________________________________________________

When you have completed your consultation/treatment, we have planned the following treatment for the patient: ______________________________________________________________________________________

_____________________________________________________________________________________________

When you have completed your consultation/treatment please provide us with the following information:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

Please call with any questions. Thank you for accepting this referral.

Sincerely,

John A. Doe, D.D.S.

This sample letter is for illustrative purposes only. As each practice presents unique situations and statutes may vary by state, we recommend that you consult with your attorney prior to use of this or similar letters in your practice.

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