

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

To Whom It May Concern:

Our patient was examined today. After oral examination, it has been determined that our patient (named above) does not need any further dental treatment at this time.

However, it is highly recommended, especially during the course of chemotherapy, that the patient have continuous care for routine exams and cleanings every \_\_\_\_\_ months.

Should you have any further questions or concerns, please contact our office at the number listed above.

Thank you,

\_\_\_\_\_  
Doctor Signature