Date: _____
Patient: _____
Date of Birth: _____

To the Concerned Party:

Following a thorough examination today, it has been established that our esteemed patient (referenced above) does not presently necessitate any additional dental interventions.

Nonetheless, it is strongly advised, particularly in the context of ongoing chemotherapy, that the patient maintains regular dental check-ups and cleanings every _____ months to ensure ongoing oral health.

For any inquiries or additional information, please do not hesitate to reach out to our office at the provided contact details.

Thank you for your attention to this matter.

Sincerely,

[Doctor's Signature]