Date: _____

To Whom It May Concern: Dental Claims Consultant

Patient's Name: _____

Date of Birth: _____

Member ID#: _____

Procedure Code: D4910 - Periodontal Maintenance

The patient mentioned above presents with a history of progressive bone loss and prior periodontal interventions. The treatments administered are as follows:

Extractions: _____ Surgery Date(s): _____ Bone

Graft: _____ Surgery Date(s): _____ Periodontal

Surgery: ____ Surgery Date(s): _____ Implant

Placement: _____ Surgery Date(s): _____

The aforementioned treatments have been concluded, warranting the patient's eligibility for dental plan benefits covering periodontal maintenance every three months/four times per year. This regimen aims to mitigate the risk of relapse, periodontal pocketing, inflammation, and tooth loss.

During the most recent examination, the patient received comprehensive oral hygiene instructions and was advised to schedule routine visits for examination, periodontal charting, and regular x-rays every three months/four times per year.

Should further clarification be needed, please do not hesitate to contact me at your earliest convenience.

Thank you for your attention to this matter.

Sincerely, (Doctor's Name)