***Sample –* Letter back to referring MD**

**Dear <Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_>,**

We appreciate your referral of <patient name> for a comprehensive evaluation and screening to rule out / rule in any oral risk factors as it relates to their systemic health.

As requested, we performed the following procedures and tests:

* Oral Pathogen test
* CT scan and periapical images of appropriate teeth
* Full periodontal assessment including bleeding, pocket depths, recession, furcations and identified perio case type
* Complete dental exam reviewing images, medical history and identifying risk factors, soft tissue oral cancer exam, visual caries exam

The results:

* Oral DNA test: copy of test results included
* CT scan findings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Periodontal findings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Clinical exam:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What we are recommending:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our office will send a letter to the patient and their dentist with the test results and recommendations. Thank you for your referral and trusting us to be a part of this screening and outcome. Please let us know if we can be of further assistance.

Sincerely,

D.D.S.