



To: _____ Date: _____

Regarding our mutual patient: _____

I saw this patient on _____ for the following procedure(s):

- Comprehensive Exam / New Patient
- Comprehensive Exam / Periodic Exam / Existing Patient
- Periodontal Maintenance: Patient is: **stable / improving / failing**
- Preventive prophylaxis: Patient is: **stable / improving / failing**

I am consulting with you about the following:

- Diabetic status / HbA1c level
- Blood Pressure: _____ / _____
- C-Reactive Protein levels
- Nutrition & Antioxidant Status
- Progression of periodontal disease
- Other:

Please reply in the space below and return by FAX to: _____ - _____ - _____

Thank you for your reply!

Sign here

Type Your name here

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