

Dental Office Follow-Up

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient Address: [Insert Patient Address]

Dear [Patient Name],

We hope this message finds you well. This letter is a follow-up to your recent periodontal treatment conducted on [Insert Treatment Date]. We want to ensure that you are recovering comfortably and to remind you of some important aftercare instructions.

Post-Treatment Care

- Maintain good oral hygiene by brushing twice daily and flossing.
- Avoid consuming hard or crunchy foods for at least a week.
- Use an antibacterial mouthwash as advised.
- Contact us if you experience excessive bleeding or severe discomfort.

Next Appointment

Please schedule your follow-up appointment within the next [Insert Time Frame] to monitor your progress. You can reach us at [Insert Phone Number] or [Insert Email Address].

Thank you for trusting us with your dental care. We look forward to seeing you soon!

Sincerely,

[Dentist's Name]

[Dental Office Name]

[Contact Information]