

Collaborative **Care** Update

To: _____ Date: _____

Regarding our mutual patient:

I saw this patient on _____ for the following procedures:

- Comprehensive Exam / New Patient
- Comprehensive Exam / Periodic Exam / Existing Patient
- Periodontal Maintenance — Patient is: stable improving failing
- Preventative 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 here, and return by email, or fax, provided below:

Thank you for your assistance with this patient!

<Name Here>
<Address>
<Phone>
<Fax>
<Email>

Signature: _____