**Dr John Summit**

**1880 Oakridge Rd.**

**Falcon EO 405678**

**Phone: 555-000-5050**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dental Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treatment Prescription: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Restrictions/Clearance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sincerely,**

**Dentist’s Signature**