

## **PERIODONTAL THERAPY**

***A “normal cleaning” is advised for a healthy mouth only. If you have been diagnosed with periodontitis or gingivitis, the disease must be treated to prevent progression to more serious health conditions. Bleeding is a sign of active infection. Periodontal disease is caused by infectious bacteria present in the mouth. The disease is a leading cause of tooth loss and chronic bad breath.***

***According to the latest research, chronic low-grade infection can contribute to heart disease, dementia, diabetes, problems with pregnancy, certain types of cancer, as well as many other systemic degenerative diseases. Your Doctor and hygienist have recommended this non-surgical periodontal (gum) therapy program to treat your disease.***

### **Therapy Session 1**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Periodontal evaluation

Therapeutic scaling with ultrasonic and laser technology to debride infected areas

Irrigation w/ antimicrobials

Impressions for Perio Protect System

### **Therapy Session 2** (3 weeks after Session 1: 1 Hr.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Perio Tray™ delivery with medicaments, usage instruction and practice

(Insert your homecare tools)

Oral hygiene & home therapy instructions

### **Therapy Session 3** (2 weeks after Session 2: 2 Hrs.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Review Oral Hygiene, home therapy

Laser assisted Localized Periodontal Scaling in infected areas with anesthesia. ½ mouth.

Irrigation w/ antimicrobials

### **Therapy Session 4** (2 weeks after Session 3: 2 Hrs.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Review Oral Hygiene, home therapy

Laser assisted Localized Periodontal Scaling in infected areas with anesthesia. ½ mouth.

Irrigation w/ antimicrobials.

### **Therapy Session 5** (1 month after session 4: 1 Hr.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Bleeding Check

Review Oral Hygiene, Home Therapy

Re-treat any bleeding areas. Bacterial testing for any active infections.

Fine Scale and Polish Full Mouth

### **Therapy Session 6** (2 months after session 5: 1 Hr.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Periodontal re-evaluation – full perio charting and records to compare to original.

Bacterial testing if needed.

Review Oral Hygiene, Home Therapy

Periodontal Maintenance: ultrasonic, hand instrumentation, laser therapy, irrigation w/ anti-microbials

Home Care Maintenance Medicaments

Total Program Investment \$\$\$\$00  
Bacterial testing additional \$XXX.00 if needed

**Our professional efforts will not work alone. Your commitment and involvement is critical to ensure success of this program. Periodontal health requires a team effort. Success is dependent on you. It will also be necessary to see your hygienist every 3 – 4 months for follow up maintenance. Failure to continue with periodontal maintenance therapy after initial treatment will allow your disease to reoccur and worsen. We cannot cure your disease. However, we can help you restore and maintain your mouth and your body to a state of health.**

I, \_\_\_\_\_ understand that I have periodontal disease and accept the above outlined treatment.

I, \_\_\_\_\_ understand that I have periodontal disease for which routine cleaning will not benefit my health. I choose to decline advised treatment for now.