

Advanced PERIODONTAL THERAPY

(Advanced Gum & Bone Disease)

During periodontal charting and examination, you were found to have bleeding and gum pockets deeper than 5mm. Bleeding is a sign of an active infection. Pockets develop where bone loss and gum infection are present. This is caused by infectious bacteria present in the mouth.

Infectious bacteria can lead to bad breath, bad taste, bleeding, tender gums, and eventually tooth loss. Science also indicates a link between chronic low-grade infection in the mouth to other systemic disease such as heart attack, stroke, diabetes, dementia, problems with pregnancy, as well as some types of cancer. Your Doctor and Hygienist have recommended this non-surgical periodontal therapy program to treat your periodontal disease. Your treatment will consist of the following appointments.

Therapy Session 1

Date: _____ Time: _____

Periodontal evaluation

Pre-treatment bacterial testing

Therapeutic scaling with ultrasonic and laser technology in infected areas

Irrigation w/ antimicrobial medicine

Impressions for Perio Protect System

Therapy Session 2 – 3 weeks after Session 1 (1 Hr.)

Date: _____ Time: _____

Delivery Perio Tray™ therapy with medicaments, usage instruction and practice

(Insert Your Homecare Products Here)

Oral Hygiene & Home Therapy Instruction

Nutrition/Lifestyle Coaching including Anti-Inflammatory Guidelines

Therapy Session 3 – 2 weeks after Session 2 (2 Hrs.)

Date: _____ Time: _____

Review Oral Hygiene, Home Therapy, and Nutrition/Lifestyle Habits

Laser Assisted Periodontal Scaling/Root Planing with Anesthesia

Irrigation with Antimicrobial Medicine

Therapy Session 4 – 2 weeks after Session 3 (2 Hrs.)

Date: _____ Time: _____

Review Oral Hygiene, Home Therapy, and Nutrition/Lifestyle Habits

Laser Assisted Periodontal Scaling/Root Planing with Anesthesia

Irrigation with Antimicrobial Medicine

Therapy Session 5 – 1 month after Session 4 (1 Hr.)

Date: _____ Time: _____

Bleeding Check

Review Oral Hygiene, Home Therapy, and Nutrition/Lifestyle

Re-treat any Bleeding Areas with Ultrasonic, Irrigation W/ Anti-Microbial Medicine and Laser Therapy

Fine Scale and Polish Full Mouth

Therapy Session 6 - 2 months after Session 5 (1 Hr.)

Date _____ Time _____

Follow-up bacterial testing

Periodontal Re-evaluation - Full Perio Charting and Records to Compare to Original

Review Oral Hygiene, Home Therapy, and Nutrition/Lifestyle

Periodontal Maintenance Therapy, Irrigation w/Antimicrobial Medicine and Laser Treatment

Home Care Maintenance Medicaments and Supplements

Impressions for follow up Perio Tray™ set

TOTAL PROGRAM INVESTMENT \$\$\$\$.

Our professional efforts will not work alone. Your commitment and involvement are critical to ensure the success of this program. Periodontal health requires a team effort. Success is dependent on you. It will also be necessary for you to see your hygienist four times a year for periodontal maintenance therapy. Failure to continue with maintenance after initial therapy will allow the condition to reoccur or even worsen.

We Cannot Cure Your Disease. However, we can help you restore and maintain you're your mouth and your body to a state health.

I, _____ understand that I have periodontal disease and accept the above treatment.

I, _____ understand that I have periodontal disease for which routine cleaning will not benefit my health, but decline treatment for now.