

HEALTHY <input type="checkbox"/>	<input type="checkbox"/> Prophy <input type="checkbox"/> Periodontal Maintenance <input type="checkbox"/> Varnish <input type="checkbox"/> Xylitol <input type="checkbox"/> StellaLife <input type="checkbox"/> Sonicare/Waterpik
LEVEL 1 Gingivitis <input type="checkbox"/>	<input type="checkbox"/> Biofilm debridement <input type="checkbox"/> Irrigation <input type="checkbox"/> Varnish <input type="checkbox"/> StellaLife <input type="checkbox"/> Sonicare/Waterpik
LEVEL 2 Isolated Area One quadrant <input type="checkbox"/>	<input type="checkbox"/> Root plane (<i>one quadrant</i>) <input type="checkbox"/> LL LR UL UR <input type="checkbox"/> 1-3 teeth / 4-6 teeth <input type="checkbox"/> Irrigation <input type="checkbox"/> Arestin <input type="checkbox"/> Varnish <input type="checkbox"/> StellaLife <input type="checkbox"/> Sonicare/Waterpik
LEVEL 3 Localized 1-3 teeth <input type="checkbox"/>	<input type="checkbox"/> Root plane (<i>all 4 quadrants 1-3 teeth</i>) <input type="checkbox"/> Irrigation <input type="checkbox"/> Arestin <input type="checkbox"/> Varnish <input type="checkbox"/> StellaLife <input type="checkbox"/> Sonicare/Waterpik
LEVEL 4 Mixed Combination <input type="checkbox"/>	<input type="checkbox"/> Root plane (<i>mixed quadrants</i>) <input type="checkbox"/> 1-3 teeth: LL LR UL UR <input type="checkbox"/> 4-6 teeth: LL LR UL UR <input type="checkbox"/> Irrigation <input type="checkbox"/> Arestin <input type="checkbox"/> Varnish <input type="checkbox"/> StellaLife <input type="checkbox"/> Sonicare/Waterpik
LEVEL 5 Generalized 4-6 teeth <input type="checkbox"/>	<input type="checkbox"/> Root plane (<i>all 4 quadrants 4-6 teeth</i>) <input type="checkbox"/> Irrigation <input type="checkbox"/> Arestin <input type="checkbox"/> Varnish <input type="checkbox"/> StellaLife <input type="checkbox"/> Sonicare/Waterpik

CAUSE & RISK OF INFECTION:

- HR5™ test

TREATMENT to Reduce risk:

- Prescription trays
- Oral Probiotic: ProBiora Pro

SYSTEMIC HEALING:

- Supplements: Zinc / K2 with D3
- GI Probiotics: Orthomolecular / Pro-15

CONTRIBUTING RISK FACTORS:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Lack of care | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Lifestyle | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Dry mouth |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Puberty | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Menopause |
| <input type="checkbox"/> Dexterity | <input type="checkbox"/> Other |

ORAL-SYSTEMIC LINKS:

- | | |
|--|--|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Medical complications |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Immunodeficiency |

TIME: _____

COMFORT:

Local anesthetic _____ Oraquix _____

FEE:

Total _____

Estimated insurance benefit _____

Patient estimated portion _____

- I accept the recommended treatment as the first step in treating my periodontal disease that contributes to my overall health.
- I decline the recommended treatment and understand the ramifications of no treatment to my mouth and my entire body.

Patient _____

Diagnosis: Stage I II III IV Grade: A B C