







PRESENTATION GUIDE



DIRECT
DIAGNOSTICS

HEALTHY 	<input type="checkbox"/> Prophylaxis <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"/> 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"/> 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"/> 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"/> 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"/> 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