



With your input we will help determine if you are at an increased risk for the development of destructive oral diseases. Together we will create a treatment plan that fits your lifestyle to improve or maintain your oral health. Our goal is to help you meet your goals and eliminate or balance risks.

Patient Name: _____

Oral Health and Diet Instructions: _____

Recall Frequency: Annual 6 Months 3 Months
 Your Current Risk Status: Low Moderate High

Choices To Improve Oral Health

In-Office Strategies



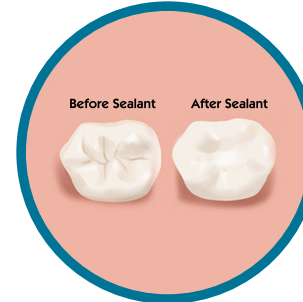
More Frequent Dental Visits

- 3 Months
- 6 Months



Options to Strengthen Your Teeth

- Fluoride Varnish
- Silver Diamine Fluoride



Protect Your Teeth

- Sealants



Options for Germ Control

- Chlorhexidine Gluconate
- Essential Oils
- Silver Diamine Fluoride

At-Home Strategies



Improve At-Home Cleaning

- Floss/Interdental Cleaners
- Electric Toothbrush
- Tongue Cleaner
- Water Floss



Prescriptions to Strengthen Your Teeth

- 5000ppm Toothpaste
- Stannous Fluoride
- Calcium Phosphates



Healthier Options

- Less Soda
- Fewer Snacks
- Replace Sugary Drinks with Water



Options for Germ Control

- Chlorhexidine Gluconate
- Stannous Fluoride
- Antibiotics
- Essential Oils





Let's Work Together To Achieve Good Oral Health

Please take a moment and complete the sections below so we can have meaningful discussions with you today and help you reach your goals.

Most oral disease can be prevented. Since oral health is closely linked to overall health, your answers to these questions will help us work together to improve your health and maintain your lifestyle.

- What are your long term goals for your oral health?

- Please share any oral health questions or concerns you have today.

- Has anything changed in your oral health since your last visit?

- What would you like our dental team to accomplish for you today?

For Children

- Any cavities in the past year? Yes No
- Any family history of cavities? Yes No
- Beverage besides water used for sleep? Yes No
- Between-meal candy, sugared snacks, crackers or cereal? (Greater than three times daily) Yes No
- Are teeth brushed less than twice daily and for less than two minutes? Yes No

For Adults

- Any cavities in the past 1-3 years? Yes No
- Between-meal candy, sodas or snacks? (Greater than three times daily) Yes No
- Daily dry mouth symptoms? Yes No
- Food stuck in or between teeth following eating? Yes No
- Are teeth brushed less than twice daily and for less than two minutes? Yes No