

Non-Surgical Periodontal Therapy Program
Case Type I: Gingivitis

Name: _____

GINGIVITIS: Inflammation of the gum tissue, characterized by changes in the color, shape, firmness, surface appearance, and presence of bleeding and/or exudates (pus). Gingivitis is the **only reversible** state of gum disease where permanent bone loss has not yet occurred. Lack of early treatment and/or good home care can lead gingivitis to advance to permanent bone loss (periodontal disease) and eventual tooth loss.

Dr. _____ and your hygienist, _____, have recommended the following therapy to stop this progression.

VISIT 1: Initial Periodontal Therapy

- Comprehensive periodontal evaluation (D0180)
- Full-mouth therapeutic debridement (D4355 or D1110)
- Oral hygiene and home-care instructions

1 hour

Date _____

VISIT 2: Three-6 weeks later

- Re-evaluate oral hygiene and tissue response (D9430)
- Professional prophylaxis (D1110)
- Home-care support instructions (D1330)
- Intra-oral medications as needed (D4381)

1 hour

Date _____

PERIODONTAL MAINTENANCE THERAPY: 4-6 months

- Professional prophylaxis (D1110)
- Re-evaluate oral hygiene and tissue health
- Periodic Examination (D0120)

Therapy Investment Fee: _____

Estimated Ins. Portion: _____

Estimated Patient Share: _____

Our professional efforts will not work alone. We need your commitment to ensure the success of this therapy. Success depends on your in-office treatment as well as home-care compliance to remove plaque and bacteria on a daily basis. This, combined with regular 4- to 6-month periodontal maintenance appointments with your hygienist, will allow our joint efforts to maintain your periodontal condition in a state of good health. Failure to continue maintenance therapy will allow your periodontal condition to reoccur or worsen.

The above periodontal condition has been discussed with me.

I accept treatment: _____

Date: _____

I decline treatment: _____

Date: _____

Non-Surgical Periodontal Therapy Program

Case Type II: Early Periodontitis

Name: _____

Early Periodontitis: The progression of gingival inflammation into the deeper periodontal tissues and bone crest, with slight loss of bone. Probing depths are generally between 3-6mm. Symptoms can be bad breath, bad taste, tender gums and bleeding. A conservative, non-surgical treatment to remove plaque bacteria, calculus (tartar), and infection has been recommended to halt progression of this disease.

Dr. _____ and your hygienist, _____, have recommended the following therapy to stop this disease progression.

VISIT 1: Initial Periodontal Therapy

- Comprehensive periodontal evaluation (D0180)
- Full-mouth therapeutic debridement (D4355 or D1110)
- Oral hygiene and home-care instructions

1 hour

Date _____

VISIT 2: One-two weeks later

- Re-evaluate oral hygiene and tissue response
- Periodontal scaling and root planing (1-2 quadrants) (D4341)
- Intra-oral medications as needed (D4381)

1-2 hours

Date _____

VISIT 3: One-two weeks later

- Re-evaluate oral hygiene and tissue response
- Periodontal scaling and root planing (1-2 quadrants) (D4341)
- Intra-oral medications as needed (D4381)

1-2 hours

Date _____

VISIT 4: Four-Six weeks later

- Re-evaluate tissue response and re-measure pocket depths
- Prophylaxis (D1110, D9430 or D4999)
- Home-care instructions (D1330)
- Intra-oral medications as needed (D4381)

1 hour

Date _____

3- to 4-month Periodontal Maintenance Therapy (D4910)

Therapy Investment Fee: _____

Estimated Ins. Portion: _____

Estimated Patient Share: _____

Our professional efforts will not work alone. We need your commitment to ensure the success of this therapy. Success depends on your in-office treatment as well as home-care compliance to remove plaque and bacteria on a daily basis. This, combined with regular 4- to 6-month periodontal maintenance appointments with your hygienist, will allow our joint efforts to maintain your periodontal condition in a state of good health. Failure to continue maintenance therapy will allow your periodontal condition to reoccur or worsen.

The above periodontal condition has been discussed with me.

I accept treatment: _____

Date: _____

I decline treatment: _____

Date: _____

Non-Surgical Periodontal Therapy Program
Case Type III: Moderate to Severe Periodontitis

Name: _____

Moderate to Severe Periodontitis: The progression of gingival inflammation into the deeper periodontal tissues and bone crest, with moderate and/or severe loss of bone support. Probing depths are generally 5 mm or more. Symptoms can be bad breath, bad taste, tender gums, and bleeding. A conservative, non-surgical treatment to remove plaque bacteria, calculus (tartar), and infection has been recommended to halt progression of this disease. There is a possibility that you may require surgery after this program, but we will begin with a conservative non-surgical approach in an effort to avoid or limit the extent of surgery you may need to have.

Dr. _____ and your hygienist, _____, have recommended the following therapy to stop this progression.

VISIT 1: *Initial Periodontal Therapy*

- Comprehensive periodontal evaluation (D0180)
- Full-mouth therapeutic debridement (D4355 or D1110)
- Oral hygiene and home-care instructions

1 hour

Date _____

VISIT 2: *One-two weeks later*

- Re-evaluate oral hygiene and tissue response
- Periodontal scaling and root planing (2 quadrants) (D4341)
- Intra-oral medications as needed (D4381)

2 hours

Date _____

VISIT 3: *One-two weeks later*

- Re-evaluate oral hygiene and tissue response
- Periodontal scaling and root planing (2 quadrants) (D4341)
- Intra-oral medications as needed (D4381)

2 hours

Date _____

VISIT 4: *Four-Six weeks later*

- Re-evaluate tissue response and re-measure pocket depths
- Prophylaxis (D1110, D9430, or D4999)
- Home-care instructions & possible post-treatment consultation (D1330)
- Intra-oral medications as needed (D4381)

1 hour

Date _____

3- to 4-month Periodontal Maintenance Therapy (D4910)

Therapy Investment Fee: _____

Estimated Ins. Portion: _____

Estimated Patient Share: _____

Our professional efforts will not work alone. We need your commitment to ensure the success of this therapy. Success depends on your in-office treatment as well as home-care compliance to remove plaque and bacteria on a daily basis. This, combined with regular 4- to 6-month periodontal maintenance appointments with your hygienist, will allow our joint efforts to maintain your periodontal condition in a state of good health. Failure to continue maintenance therapy will allow your periodontal condition to reoccur or worsen.

The above periodontal condition has been discussed with me.

I accept treatment: _____

Date: _____

I decline treatment: _____

Date: _____