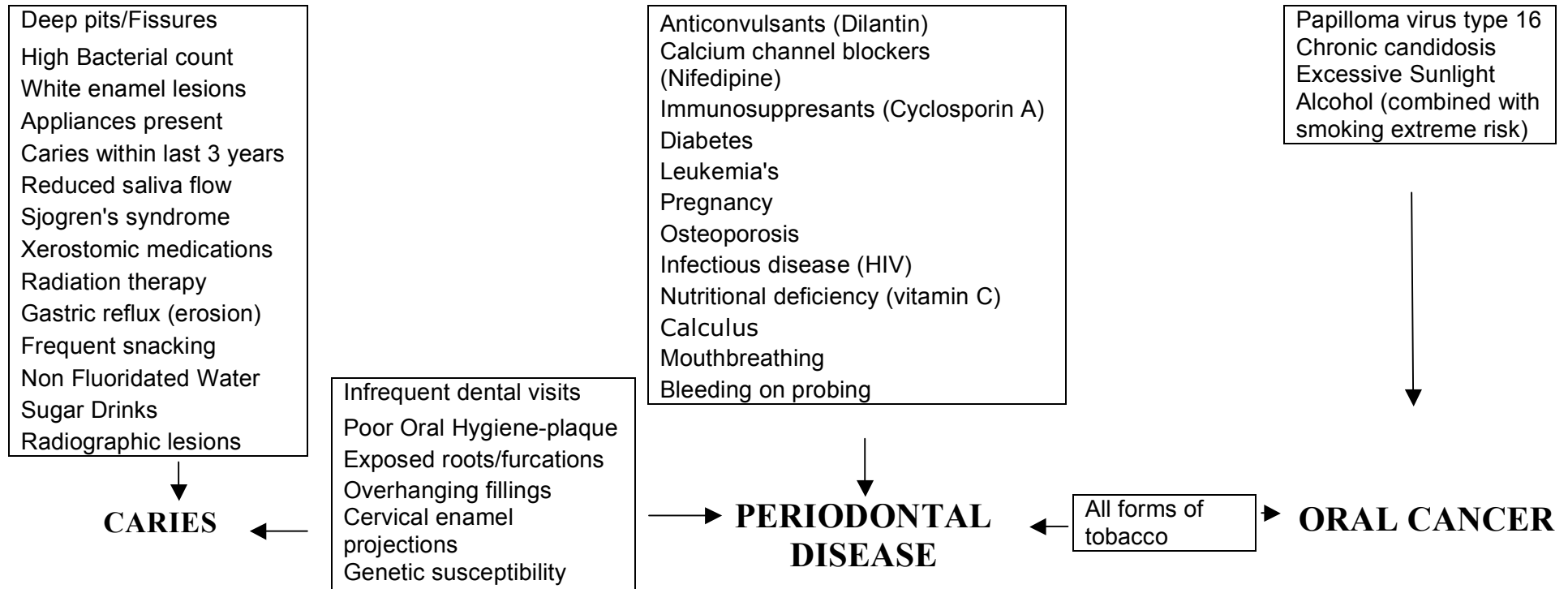


COMPREHENSIVE RISK ASSESSMENT & PREVENTION Patient: _____ Date: _____



PATIENT ASSESSMENT:

Oral Hygiene:

- ___ Brush twice daily
- ___ Floss daily
- ___ Superfloss (appliances and ortho)
- ___ Interproximal brush

Diet:

- ___ Nutrition counseling
- ___ Limit snacking
- ___ Limit sodas

Fluoride:

- ___ Fluoride rinse *ACT* or *Fluorigard* 2X/day
- ___ Office fluoride trays
- ___ Office fluoride varnish
- ___ *Prevident 5000 Plus*
- ___ *Prevident* "brush-on"
- ___ Fluoride lozenges
- ___ Calcium and phosphate enhancing products (*MI Paste with Recalcident*)

Antibacterial rinse

- ___ Chlorhexidine gluconate, 0.12% (*Periogard, Peridex, Oral Rx*)
- ___ 10% providence iodine (*Betadine*) to be administered by dental professional only (ask about allergies and contraindications) 1x/mo.

Dry Mouth (Xerostomia)

- ___ Baking soda toothpaste with fluoride
- ___ Baking soda gum - *Dental Care Gum*
- Chew frequently throughout the day, especially after snacks.

Smoking Cessation

- ___ UB Protocol for smoking cessation

CRT testing? YES NO

RECOMMENDATIONS: