OMPREHENSIVE RISK	( ASSESSMENT & PR	EVENTION P	atient:	Date:
Deep pits/Fissures High Bacterial count White enamel lesions Appliances present Caries within last 3 years Reduced saliva flow Sjogren's syndrome Xerostomic medications Radiation therapy Gastric reflux (erosion) Frequent snacking Non Fluoridated Water Sugar Drinks Radiographic lesions  CARIES  PATIENT ASSESSMENT:	Infrequent dental visits Poor Oral Hygiene-plaque Exposed roots/furcations Overhanging fillings Cervical enamel projections Genetic susceptibility	Diabetes Leukemia's Pregnancy Osteoporosis Infectious disea Nutritional defic Calculus Mouthbreathing Bleeding on pro	sel blockers sants (Cyclosporin A) se (HIV) iency (vitamin C) bing	Papilloma virus type 16 Chronic candidosis Excessive Sunlight Alcohol (combined with smoking extreme risk)  Forms of acco  Papilloma virus type 16 Chronic candidosis Excessive Sunlight Alcohol (combined with smoking extreme risk)  Papilloma virus type 16 Chronic candidosis Excessive Sunlight Alcohol (combined with smoking extreme risk)
Oral Hygiene:  Brush twice daily Floss daily Superfloss (appliances and orth Interproximal brush  Diet: Nutrition counseling Limit snacking Limit sodas  CRT testing? YES NO  RECOMMENDATIONS:	Flouride:  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