

Manteca Dental Care

| Rick Van Tran, DDS |

Periodontal Diagnosis and Treatment Recommendations

Patient's Name: _____ Date: _____

I have been informed on this date that I have:

Type I Gingivitis

Type III Moderate Periodontitis

Type II Early Periodontitis

Type IV Severe Periodontitis

I have been advised that periodontal disease is an infection and that bleeding gums and periodontal pockets are clinical indicators of the disease. I have been advised that periodontal disease is chronic, progressive, inflammatory, and episodic. If the condition remains untreated, the infection may spread to the bone, the teeth may become loose, and slowly detach from the supporting structures. This may result in acute infection and/or loss of teeth. I have been advised that proper daily bacterial plaque removal is critical to treat the disease. Health, medications, nutrition, genetics, and smoking are factors implicated in successful treatment.

I have been advised that treatment includes:

- Radiographic examination (as needed)
- Periodontal debridement, deplaquing, periodontal instrumentation, scaling and/or root planing
- Antimicrobial therapies and chemotherapeutic (as needed)
- Detailed and specific instructions for proper daily bacterial plaque control
- Re-evaluation, ongoing and continuous supportive periodontal therapy

Following the completion of initial therapy, a reevaluation will be performed to determine if further treatment and/or referral to a periodontist is necessary. At this time, the doctor will determine an appropriate interval for ongoing care. Evaluation procedures will be repeated periodically in order to monitor the progress of the disease. As prescribed by the American Academy of Periodontology: "An interval of four months between Supportive Periodontal Therapy appointments is generally required for effective control and monitoring of the patient's periodontal status. The interval may vary depending on the individual patient and the clinical judgment of the dentist." I am also aware that these appointments may not be covered by my insurance.

We would like to thank you in advance for your cooperation. The goal of periodontal therapy is to control disease progression since it cannot be cured. Keeping scheduled appointments and following our instructions are instrumental in our joint effort to obtain a successful result. Please do not hesitate to contact us at any time should you have further questions. Once again, we thank you!

Patient's treatment choice:

Accepts treatment

Declines treatment

Patient's Signature: _____

Date: _____

Clinician's Signature: _____

Date: _____