

Soft Tissue Evaluation and Consent Form

Patients' Name: _____ Date: _____

What is Gingivitis?

- Gums bleed easily when brushing or when probing during exam
- Gums are inflamed and sensitive to touch
- Possible bad breath and bad taste
- Gums between teeth may look bluish-red in color
- No bone loss at the time

What is Periodontal Disease?

- Gums may begin to pull away from the teeth
- Bleeding, puffiness and inflammation more pronounced
- Bad breath and bad taste
- Bone loss seen on x-ray
- Pocket measurements range in size
- Roots may be exposed with sensitivity
- Possible mobility of teeth

Classifications:

Type I+: Gingivitis with pocket depths 3mm or less

Type II: Early Periodontal Disease with pocket depths between 3-5mm

Type III: Moderate Periodontal Disease with pocket depths between 4-7mm

Type IV: Severe Periodontal Disease with pocket depths of 7mm and above

Recommended Treatment:

1110 Prophylaxis- Adult: Removal of plaque, calculus, and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritation factors.

4355 Full Mouth Debridement: The gross removal of plaque and calculus that interferes with the ability of the dentist to perform a comprehensive oral evaluation.

4341 Periodontal Scaling and Root Planing: Scaling on four or more teeth per quadrant

4342 Localized Periodontal Scaling and Root Planing: Scaling on 1-3 teeth per quadrant

9910 Application of Desensitizing Medicaments: Includes in-office treatment for root sensitivity including irrigation with medications.

4910 Periodontal Maintenance Procedure: The cleaning, probing and prophylaxis of all teeth after completing active periodontal therapy.

Recall Interval: The time interval of cleanings established by the dentist and hygienist. This determination is based on the periodic classification and patient's ability to maintain their oral condition by removal of deposits from their teeth. The time intervals are typically:

6 months

4 months

3 months

Homecare Recommendations:

Electric Toothbrush

Chlorhexidine rinse

1.1 % Fluoride paste

Listerine rinse

As indicated by _____, I, _____,

understand that I have Gingivitis and or Periodontal Disease. The above treatment has been explained to me. I am under no obligation to have this treatment performed; however, I have been advised of the consequences of not proceeding with treatment.

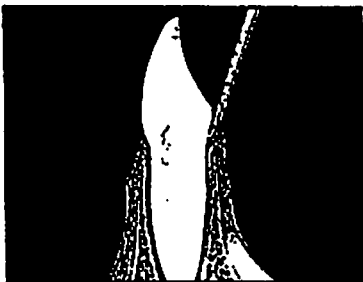


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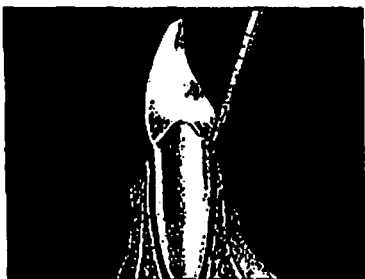
TYPE I+ — GINGIVITIS — Localized Pocketing

Inflammation of the gingiva characterized clinically by changes in color, gingival form, position, surface appearance, and presence of bleeding and/or exudate.

Common Characteristics:

Mild	Color Change
Moderate	Bleeding on Probing
Severe	Spontaneous Bleeding
Localized Pockets/Attachment Loss	Bleeding on Probing

No radiographic evidence of bone loss
May be localized or generalized

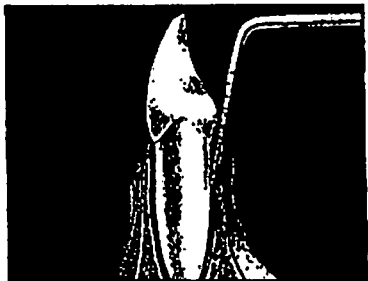


TYPE II — EARLY PERIODONTITIS

Progression of the gingival inflammation into the deeper periodontal structures and alveolar bone crest, with slight bone loss. The usual periodontal probing depth is 3-4mm with slight loss of connective tissue attachment and slight loss of alveolar bone.

Common Characteristics:

Gingival changes as above
Bleeding on probing
Pocket depths range 3-5mm
May be localized or generalized
Radiographic bone loss up to 20%
Recession probable
Minimal mobility

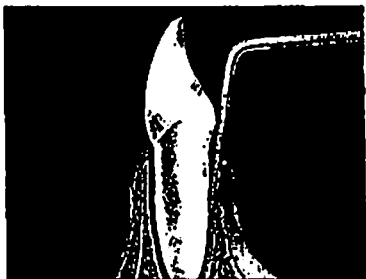


TYPE III — MODERATE PERIODONTITIS

A more advanced stage of the above condition, with increased destruction of periodontal structures with noticeable loss of bone support possibly accompanied by an increase in tooth mobility. There may be furcation involvement in multirrooted teeth. Consider possibility of referral to specialist.

Common Characteristics:

Gingival changes as above
Bleeding on probing
Pocket depths range 4-7mm
May be localized or generalized
Radiographic bone loss 20-50%, or greater
Recession probable
Increase in tooth mobility
Furcation involvement



TYPE IV — SEVERE PERIODONTITIS

Further progression of periodontitis with major loss of alveolar bone support usually accompanied by increased tooth mobility. Furcation involvement in multirrooted teeth is likely. Consider specialist referral as strong likelihood at this level of involvement.

