With your input we will help determine if you are at an increased risk for the development of destructive oral diseases. Together we will create a treatment plan that fits your lifestyle to improve or maintain your oral health. Our goal is to help you meet your goals and eliminate or balance risks.

Patient Name: ____________________________

Oral Health and Diet Instructions: ___________________________________________________________

Recall Frequency:  □ Annual  □ 6 Months  □ 3 Months
Your Current Risk Status:  □ Low  □ Moderate  □ High

Choices To Improve Oral Health

In-Office Strategies

More Frequent Dental Visits
□ 3 Months
□ 6 Months

Options to Strengthen Your Teeth
□ Fluoride Varnish
□ Silver Diamine Fluoride

Protect Your Teeth
□ Sealants

Options for Germ Control
□ Chlorhexidine Gluconate
□ Essential Oils
□ Silver Diamine Fluoride

At-Home Strategies

Improve At-Home Cleaning
□ Floss/Interdental Cleaners
□ Electric Toothbrush
□ Tongue Cleaner
□ Water Floss

Prescriptions to Strengthen Your Teeth
□ 5000ppm Toothpaste
□ Stannous Fluoride
□ Calcium Phosphates

Healthier Options
□ Less Soda
□ Fewer Snacks
□ Replace Sugary Drinks with Water

Options for Germ Control
□ Chlorhexidine Gluconate
□ Stannous Fluoride
□ Antibiotics
□ Essential Oils

Listerine is a registered trademark of Johnson & Johnson. Periex is a registered trademark of 3M. Sonicare is a trademark of Philips.
Let’s Work Together To Achieve Good Oral Health

Please take a moment and complete the sections below so we can have meaningful discussions with you today and help you reach your goals.

Most oral disease can be prevented. Since oral health is closely linked to overall health, your answers to these questions will help us work together to improve your health and maintain your lifestyle.

For Children

- Any cavities in the past year?  
  - Yes  
  - No
- Any family history of cavities?  
  - Yes  
  - No
- Beverage besides water used for sleep?  
  - Yes  
  - No
- Between-meal candy, sugared snacks, crackers or cereal?  
  (Greater than three times daily)  
  - Yes  
  - No
- Are teeth brushed less than twice daily and for less than two minutes?  
  - Yes  
  - No

For Adults

- Any cavities in the past 1-3 years?  
  - Yes  
  - No
- Between-meal candy, sodas or snacks?  
  (Greater than three times daily)  
  - Yes  
  - No
- Daily dry mouth symptoms?  
  - Yes  
  - No
- Food stuck in or between teeth following eating?  
  - Yes  
  - No
- Are teeth brushed less than twice daily and for less than two minutes?  
  - Yes  
  - No

- What are your long term goals for your oral health?

- Please share any oral health questions or concerns you have today.

- Has anything changed in your oral health since your last visit?

- What would you like our dental team to accomplish for you today?