Periodontics with a Caring Touch

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PERIODONTICS AND DENTAL IMPLANTS

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Periodontal Maintenance Report

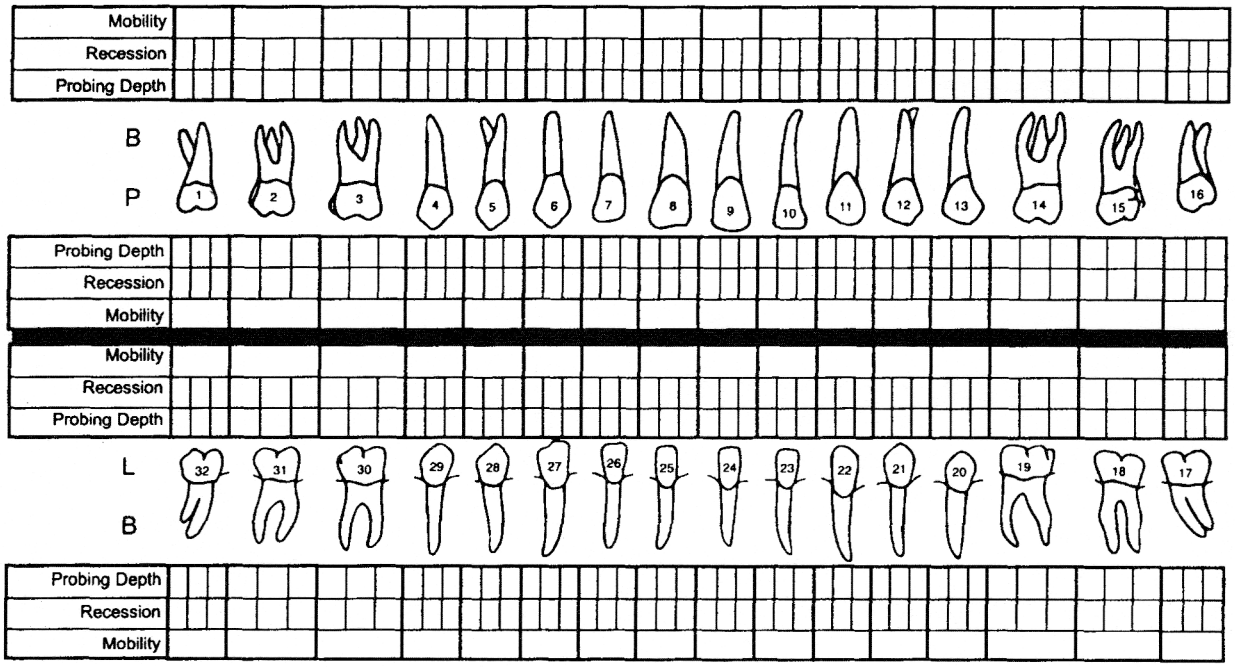
Patient Name:_____ Date_____

Dentist:_____ Hygienist:_____

AAP Type I ☐ **II** ☐ **III** ☐ **IV** ☐ **V** ☐ Other_____

Oral Hygiene:_____

Periodontal Examination Findings *(Bleeding sites circled):*



Bleeding Upon Probing:
_____%

Scale
0-9% Healthy
10-15% Risk
16-100% High Risk

Plaque Free Score:
_____%

Scale
86-100% Healthy
61-85% Marginal
60-0% at Risk

Periodontal Status: Stable_____ Tendency for Instability_____ Progressive_____

Expected Residual Depth After Surgery:_____

Prophy Jet ☐ Slow Speed ☐ Cavitron ☐ Fluoride ☐

Dental Needs:_____

Radiograph(s) Enclosed ☐ Complete Radiographic Series Due (Please Send) ☐

If not available, a complete series will be taken at next recare ☐

Comments:_____

_____

Current Maintenance Interval:_____ Recommended Maintenance Interval:_____

Next Appointment (Your Office):_____ Next Periodontal Maintenance Appointment:_____

Please call if I may provide additional information or if I may be of service to you and your patients.
Sincerely,

James R. Werkmeister, DMD, MS / Jennifer M. Zavoral, DMD, MPH
Practice Limited to Periodontics