ORAL HEALTH ESSENTIALS

PERI-IMPLANT MUCOSITIS THERAPY PROGRAM

Patient Name: _____

First Therapy Appointment (Date _____ / _____ min/hr)

In-office	_____ min/hr	Oral Health Instruction and Patient Education	$ _____
	_____ min/hr	Debridement (at implant site, if needed)	$ _____
	_____ min/hr	Subgingival Irrigation (if required)	$ _____
	_____ min/hr	Subgingival Administration of Locally Delivered Anti-microbials (if required)	$ _____
At-home	_____ unit	Oral Health Essentials Patient Home Care Kit	

Subtotal: $ 0.00

Second Therapy Appointment (4-6 weeks later _____ min/hr)

_____ min/hr	Specific Exam (assess bleeding, gum health, and oral hygiene/plaque score)	$ _____
_____ min/hr	Debridement (at implant site, if needed)	$ _____
_____ min/hr	Other _____	$ _____
_____ min/hr	Oral Hygiene Review _____	$ _____

Subtotal: $ 0.00

TOTAL: $ **0.00**

Reset

May require a specialist referral if symptoms persist or if any advanced implant disease develops.