

PERIODONTICS CONSULTATIONS WORKSHEET

In order to expedite the treatment planning process, and to provide effective and speedy consultations, please have the following information available when the Periodontics faculty comes to your cubicle:

1. Summary of previous periodontal and/or preventive treatment with dates. You should get this information from the progress notes and NOT from the Treatment Plan sequence. Make a note of who performed the treatment. All surgeries must be documented. *EXAMPLES:*
 - a. *Perio Records/Tx Plan 2/05, S/RP UL and LL 3/05, S/RP UR and LR 4/05, reeval. 6/05, crown lengthening #3-5, periodic oral eval. and maint. prophylaxis 8/05, periodic oral eval. and maint. prophylaxis 11/05. Tx performed by DS4.*
 - b. *OHI, Prophylaxis. Tx Performed by DH2.*

Write summary here: _____

2. Provide complete perio diagnosis- identify teeth with localized periodontitis.
EXAMPLE: Generalized Slight Chronic Periodontitis with Localized Moderate Chronic Periodontitis # 3, 5, 12, 15, 20, 25, 30, 31.

Write diagnosis here: _____

3. Write proposed periodontal and/or preventive treatment AND rationale.
EXAMPLE #1: OHI, Prophylaxis
EXAMPLE #2: Perio Records/ Tx Plan, four quads. S/RP, reevaluation, periodic oral eval., maintenance prophylaxis.

Write proposed treatment here: _____

PLEASE MAKE SURE THAT THE PERIO CHART IS COMPLETE. MOST COMMON ERRORS ARE:

- a. **NEGATIVE CAL's. CAL's MUST BE POSITIVE NUMBERS.**
- b. **NOT RECORDING PROGNOSIS FOR EACH TOOTH. EACH TOOTH MUST HAVE A PERIODONTAL PROGNOSIS.**
- c. **NOT RECORDING FGM- CEJ: THIS SECTION MUST BE COMPLETED.**