

LUNCH & LEARN

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Prevention for Life: Getting Your Patients Through Life Caries Free

Course Description:

Whether it is an infant battling transmission of *Streptococcus mutans* from the mother, a stressed college student making poor dietary choices or a senior citizen with exposed roots, each stage of life has its' own set of threats to oral health. This course will examine those risks and behaviors as they relate to your patient groups by age. You will use evidence-based risk factors to determine who will benefit from what level of intervention and learn to construct patient-centered strategies to affect change.

The intervention strategies discussed will include measures to take at all life stages: during pregnancy, after birth, for toddlers, children, teens, college students, adults and senior citizens. You will learn a quick and easy method for uncovering the most common evidence-based risk factors that affect your patients. You will discover that a majority of your patients are likely to benefit from a risk reduction strategy including preventive fluoride treatment.

Participants will learn about proven practice-based treatments such as fluoride varnish and home fluoride products that the patient/parent can include in their oral health routine. Getting your patients through life caries-free is attainable; it just takes deliberate intervention at every stage of life.

Learning Objectives:

- Quickly assess the patients' risk level using an evidence-based protocol for known risk factors
- Effectively communicate the long-term benefits of fluoride varnish as a risk reduction tool
- Provide assessment and treatment with minimal change to your current hygiene appointment
- Establish an office protocol promoting risk assessment as an important part of patient and practice health

Introduction:

What if you could get your patients through life without disease? Caries is a preventable disease, if we get ahead of it. Prevention is always better than treatment, and prevention of tooth decay is less expensive, less traumatic and less time consuming than treating decay.

CAMBRA (CARies Management By Risk Assessment) is an evidence-based approach to preventing and treating dental caries at all stages of your patient's life, rather than waiting for permanent damage to take place. The CAMBRA approach requires the dental professional and the patient to understand decay is caused by infectious bacterial biofilm that alters and shifts the patient's oral environment. Plaque biofilm has acid-generating bacteria which often cause decay, and there are other influencers, such as lifestyle, that participate in the patient's oral health as well. Best practices dictate once the dental professional identifies the patient's caries risk level (low, moderate, or high), a therapeutic and/or preventive plan should be implemented.

ADA American Dental Association American leading advocate for oral health			
Caries Risk Assessment Form (Age 0-6)			
Patient Name:		Date:	
Birth Date:		Initials:	
Age:		Initials:	
Contributing Conditions			
Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpastes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III. Eligible for Government Programs (WIC, Head Start, Medicaid or CHIP)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V. Dental Home established/patient is rec'd in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions			
Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, mental or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
II. Chemotherapy/Radiation Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
III. Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions			
Check or Circle the conditions that apply			
I. Visual or Radiographically Evident Restorations/ Cariated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>	Carious lesions or restorations in last 24 months <input type="checkbox"/>	Carious lesions or restorations in last 6 months <input type="checkbox"/>
II. Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>	New lesions in last 24 months <input type="checkbox"/>	New lesions in last 6 months <input type="checkbox"/>
III. Teeth Missing Due to Caries	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Salivary Flow	Visually adequate <input type="checkbox"/>	Visually inadequate <input type="checkbox"/>	
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Instructions for Caregiver:			

ADA American Dental Association American leading advocate for oral health			
Caries Risk Assessment Form (Age >6)			
Patient Name:		Date:	
Birth Date:		Initials:	
Age:		Initials:	
Contributing Conditions			
Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpastes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III. Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV. Dental Home established/patient is rec'd in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions			
Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, mental or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II. Chemotherapy/Radiation Therapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
III. Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions			
Check or Circle the conditions that apply			
I. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II. Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
III. Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI. Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII. Restorations with Overhang and/or Open Margins, Open Contacts with food impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII. Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX. Exposed Dry Mouth (xerostomia)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High			
Patient Instructions:			

SEE ADDENDUM A FOR CAMBRA FORMS¹

These forms are in an easy to use checklist format that help classify the patient into their risk category. Once the dental professional identifies a risk factor they mark the corresponding section on the form; when documentation is completed the patient will be categorized as low, moderate or high risk. The forms are meant to be an assessment tool; professional judgement should be the deciding factor in any prevention or treatment plan.

Biologic or therapeutic products or methods are caries-protective tools that can be used to avoid or stop decay. These protective tools may include pH balancing and bacteria reducing methods, remineralization products, home fluoride rinses and gels, and professionally applied fluoride. It is important to educate and influence your patients on the benefits of oral care and the ADA recommendations (including professionally applied fluoride varnish) in order to achieve successful outcomes in caries management.

DATA FROM THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY, 2011–2012 ²

- Approximately 91% of U.S. adults aged 20–64 had dental caries in permanent teeth.
- Dental caries among adults aged 35–64 was higher (94%–97%) compared with adults aged 20–34 (82%).
- Nearly all U.S. adults aged 65 and over (96%) with any permanent teeth had dental caries.

While all dental professionals recognize the threat of decay in children, this data shows that the portion of individuals prone to decay continues to grow as the population increases in age. In fact, according to the ADA, the only U.S. age group with an **increasing** rate of caries are older adults. Dentistry must reframe dental decay as a life-long disease, not a childhood problem.

The management of oral health and prevention continues to be a challenge throughout life. It is important that dental professionals acknowledge that simply removing or restoring the carious lesion will not impact the overgrowth of caries-causing bacteria that results in decay. After the decay is removed and restoration placed, the patient remains at an elevated risk of developing more decay until they get control of the bacterial imbalance and go two years without new disease. Proactive measures need to take place both in the dental office and at home to promote a healthy and beneficial oral biofilm.

ADA Center for Evidence-Based Dentistry Topical Fluoride For Caries Prevention states, “For individuals at elevated risk of developing dental caries, the panel made clinical recommendations for the use of specific topical fluoride agents (as shown in Table 1); these recommendations are based on the evidence statements and the balance of benefits with potential harm. The panel recommends topical fluoride agents only for people at elevated risk for dental caries. ‘Those determined to be low risk may not benefit from additional fluoride treatment other than over-the-counter fluoride toothpaste and fluoridated water.’

ADA. Center for Evidence-Based Dentistry™

Table 1. Clinical recommendations for use of Professionally-applied or prescription-strength, home-use topical fluoride agents for caries prevention in patients at elevated risk of developing caries

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

● Strong Evidence strongly supports providing this intervention	● In favor Evidence favors providing this intervention	● Weak Evidence suggests implementing this intervention only after alternatives have been considered	● Expert Opinion For Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation	● Expert Opinion Against Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention	● Against Evidence suggests not implementing this intervention or discontinuing ineffective procedures
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Age Group or Dentition Affected	Professionally-Applied Topical Fluoride Agent	Prescription-Strength, Home-Use Topical Fluoride Agent
Younger than 6 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor	
6-16 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor OR 1.23% fluoride (APP*) gel for 4 minutes at least every 3 to 6 months ● In Favor	0.09% fluoride mouthrinse at least weekly ● In Favor OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Older than 16 Years	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For OR 1.23% fluoride (APP*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse at least weekly ● Expert Opinion For OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Adult: Root Caries	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For OR 1.23% fluoride (APP*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse daily ● Expert Opinion For OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For

Additional Information:
 - 0.1% fluoride varnish, 1.23% fluoride (APP*) foam, or prophylaxis pastes are not recommended for preventing coronal caries in all age groups (● **Expert Opinion Against** or ● **Against**).
 - See ADA publication for recommendation strength by age group.¹ The full report, which includes more details, is available at ebd.ada.org.
 - No prescription-strength or professionally-applied topical fluoride agents except 2.26% fluoride varnish are recommended for children younger than 6 years (● **Expert Opinion Against** or ● **Against**), but practitioners may consider the use of these other agents on the basis of their assessment of individual patient factors that alter the benefit-to-harm relationship.
 - Prophylaxis before 1.23% fluoride (APP*) gel application is not necessary for coronal caries prevention in all age groups (● **Expert Opinion Against** or ● **Against**). See ADA publication for recommendation strength by age group.¹ No recommendation can be made for prophylaxis prior to application of other topical fluoride agents. The full report, which includes more details, is available at ebd.ada.org.
 *APP: Ammonium polyphosphate fluoride.
 Patients at low risk of developing caries may not need additional topical fluorides other than over-the-counter fluoridated toothpaste and fluoridated water.

Please note that when you see 2.26% it is referring to 22,600ppm fluoride which is commercially known as 5% sodium fluoride varnish

SEE ADDENDUM B

The panel recommends the following for people at risk of developing dental caries: 2.26% fluoride varnish or 1.23% fluoride (APF) gel, a prescription-strength, home-use 0.5% fluoride gel or paste (5000ppm), and/or 0.09% fluoride mouth rinse. The combination of the therapeutic products is determined by age, risk level and patient preference.”³

The panel weighed not only benefits but also potential for harm for home and professionally applied fluoride therapies. They recommend that children under 6 should ONLY receive 2.26% fluoride varnish treatments because the ingestion risk is too high with other professional and high-concentration home products. The ADA and AAPD do recommend over-the-counter twice daily fluoride toothpaste for this age group. The reason varnish is recommended and the APF gel is not is that varnish uses 1/10th the amount of fluoride and concentrates it on the teeth without the risk of ingestion.

The net of these recommendations is that only 2.26% fluoride varnish is recommended for any and all patients. Plus, today, fluoride varnish is often the least expensive alternative as well.

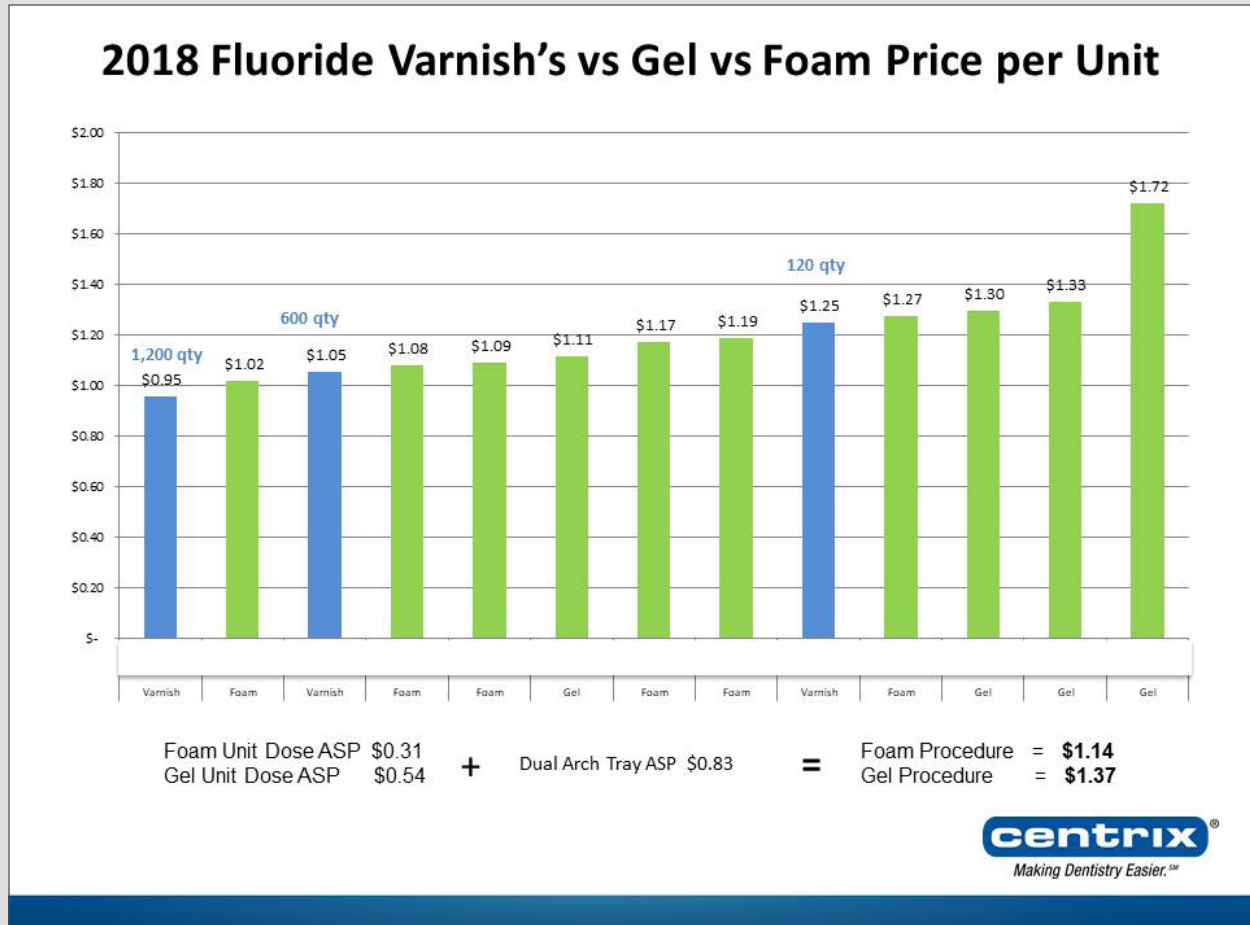
Let's Talk About Applications:

The ADA chart shows fluoride varnish, gel and foam. Let's take a closer look at which fluoride version might be a better option in different situations. First, foam... Notice that there is no recommendation for the use of foam products; as a matter of fact, there is '**Expert Opinion Against**' using foam on patients. The ADA Scientific Panel is very clear on this - there is no benefit to using foam and no research showing that it works. Foam varnish products are a waste of time and money and provide a false sense of security.

Next, let's look at fluoride gel. According to the ADA, it is not recommended for children under 6 because of ingestion concerns. The recommendation for fluoride gel is only for patients age 6 and older and requires a **four-minute, tray-delivered** use. There is no 'one-minute' use as the label of many products indicate and it cannot be applied by brush. Many dental professionals are surprised by this recommendation because often the bottles of fluoride at your office say 'minute' gel or 'minute' foam. If fluoride gel is the office preference it must be Acidulated Phosphate and delivered in a tray for 4 minutes. The word 'acidulated' should stand out to you. Do you remember the #1 contraindication to using acidulated phosphate fluoride? It cannot be used in the presence of composite, Bis-GMA (sealants), or porcelain restorations because it will acid-etch the surface causing pitting, surface stain, and possibly, loss of gloss.

Fluoride varnish is the only product recommended for use on all patients, of all ages, by the ADA Center for Evidence-Based Dentistry Topical Fluoride For Caries Prevention. It is the easiest to apply, has no restorative contraindications, and has the best patient acceptance. Some offices have a concern about cost, and that is understandable.

As part of her own research into alternative fluoride products, Donna Brogan, RDH, BS investigated the cost per use of several brands of fluoride gel, varnish and even foam (though she recommends that they be thrown away). She looked at the number of applications per bottle, and added the cost of a dual arch tray (about 87 cents each).



The average cost of her preferred fluoride varnish (Centrix FluoroDose Varnish) is \$.95 if you purchase a package of 1200. It is not only cheaper than foam or gel application, it is also the least expensive varnish she investigated. Even the smallest package of FluoroDose was less expensive than half of the gel or foam products and only pennies more than the others. Plus, varnish takes less than a minute to apply vs. the four-minute application time for a tray of gel.

So how does fluoride varnish work? Fluoride varnish helps teeth in several ways. Fluoride inhibits demineralization and promotes remineralization by enhancing the uptake of Calcium and Phosphate. This helps minimize the loss of minerals during acid attacks and replenishes afterwards. Fluoride varnish utilizes a natural rosin that creates adherence to the tooth prolonging the contact time with tooth surfaces. The fluoride varnish forms calcium fluoride compound deposits that create a reservoir slowly releasing F ions when the pH of plaque drops.

Risk Factors in Developing Caries:

Research is very clear that one of the biggest risk factors for developing caries is previous caries experience. We know that caries is a bacterial infection and once you have decay removed and restore the tooth, the bacterial imbalance is still present. We must use customized intervention strategies to help the patient reduce their risk. A few other risk factors are obvious; such as poor diet, exposed roots, orthodontics, lack of fluoridated drinking water, and xerostomia. Others, like eating disorders, drug abuse and chemo or radiation therapy may not present very often but keep them in mind.

Quick Assessment:

Let's go through a few stages of life. I will mention a few risk factors that might express themselves at each stage. This is meant to be used as an example and not a comprehensive listing for each age group. Use of the risk assessment form is suggested for a more thorough classification.

Pregnancy – Some known risk factors that a pregnant woman might express include frequent snacking, poor bio-film removal due to sensitive gag reflex, and active decay in the previous two years before she became pregnant. Some other problems she might experience include morning sickness, acid reflux and dehydration. While those are not part of the ADA list of known risk factors you should use your clinical judgement, and consider them in your evaluation.

Infants – Known risk factors for infants include caries in a family member in the previous two years (especially mother), lack of fluoride in water or toothpaste, prolonged exposure to breast milk or any juice at all until 12 months and white spot lesions. Low socio-economic status is a proven risk factor that is often over-looked. The ADA and AAPD recommend 'First tooth, first visit' which means the child should have a dental home by approximately 6 months of age. Lack of a dental home is a risk factor.

Toddlers – Risk factors for toddlers might include lack of fluoridated water or toothpaste, juice or milk at times other than with meals, decay in self or a family member in previous two years, and white spot lesions. Many parents still think the first visit should be at 3 years of age. It is often too late to prevent decay by this time.

Youth - Lack of fluoridated water, irregular dental visits, frequent snacking, previous decay, poor biofilm control and orthodontics are all known risk factors for 6-12 year olds. This is the age when many are diagnosed with ADD or ADHD. The medications used to treat these disorders have a side effect of reduced saliva output. And don't forget that newly erupted teeth are at an increased risk for two years while they undergo mineralization.

Adolescents/Teens – Risk factors for adolescents are almost sure to include poor biofilm control, they are also likely to have a sweet tooth eating more candy than they admit to. Orthodontics start coming into play with these patients as well. Combining sugar, biofilm, brackets with newly erupted teeth is never a good idea. Eating disorders may begin to express themselves with this age group.

College – Poor dietary choices and frequency of sugary or acidic drinks and food, orthodontics-often followed by white spot lesions, poor biofilm removal, irregular dental visits, alcohol abuse and possible eating disorders often strike at this age. While not on the list, you should also take into account stress, dehydration and lack of sleep.

Adulthood – We think of this as a safe age but it is far from true. Risk factors for this group include root exposure, drug or disease induced xerostomia, multi-surface and interproximal restorations, lack of fluoridated water consumption (because they drink bottled water) and recent decay. They might also be undergoing radiation or chemotherapy or have an addiction problem. In many ways, adults, especially middle-aged adults, may need more prevention efforts than younger patients.

Seniors – This age group is at increased risk largely due to a combination of exposed roots and xerostomia. Cementum and dentin have half the mineral content of enamel so they demineralize and decay much faster. Those two risk factors combined lead to faster development and progression of root caries. They also have all of the other risk factors we have already discussed in previous age groups. This group must be watched closely to avoid devastating decay. And the cost of dental treatment for this age group, especially with reduced insurance coverage, may be prohibitively expensive; making lower cost preventive treatment the logical, economic choice.

Effectively Communicate the Long-term Benefits of Oral Health and Prevention:

A common barrier dental professionals report is ‘Insurance doesn’t cover varnish’.

Good oral health should not be dictated by insurance. If the patient’s risk assessment shows they are at high risk and research shows they will benefit from fluoride applications then educate the patient on the benefits.

A dialog you could have with the patient might sound like this...

“Richard, with age, many people experience recession of their gums and I often see abrasion from brushing too hard. With the intraoral photographs you saw today, you will see that this is happening in your mouth. Root surfaces are much softer than enamel and they breakdown and decay much faster. When you combine that with the cavity you had at your last visit, you are a high risk for developing more cavities and having more loss of tooth structure. Though your insurance does not cover a fluoride treatment, I know how important protecting your investment is to you. I can apply a protective fluoride varnish in less than a minute that will protect your crowns and restorations. Shall we go ahead and protect your teeth?”

“Wonderful, I’m also going to give you some ideas of how to further reduce your risks in between appointments.”

Or consider this scenario...

“Micah, as we’ve been talking about since you were pregnant, you and Annie are both at an elevated risk for developing cavities. Your insurance plan will assist with two fluoride varnish applications per year for your daughter however they will not assist with your preventive treatment. I know how important preventing cavities is to you, I just want to make sure you are aware of the lack of insurance assistance.”

Let’s face it, lack of insurance coverage is a barrier to consider. Often patients do not want to pay for procedures that are not completely covered by their insurance. Be aware that many insurance companies are assisting patients who choose fluoride varnish to prevent caries, especially when coded correctly and accompanied by a completed CAMBRA form. The correct code is D1206, if you do not use this code, you may be leaving your patients’ money on the table. Today more insurance companies are reimbursing preventive treatments because of the rapidly increasing costs of restorative care as our population ages. But again, proper coding and use of CAMBRA forms is essential. Even if you know for sure that the plan doesn’t pay for a D1206, turn it in. Insurance companies keep track of the codes submitted, when they see an increase in certain codes they reevaluate inclusion of that code. This is exactly what happened in the 90’s with pit and fissure sealants. Dental professionals began placing sealants, even without insurance coverage, because the research proved they were a beneficial preventive service. Today pit and fissure sealants are a recognized code for reimbursement. Hopefully soon we will see the same result with fluoride varnish treatments.

When you submit fluoride varnish to a patient’s insurance company, also submit the code for their risk level. This shows the insurance company that you are doing Risk Assessment in your practice and that fluoride varnish is a correct and valid treatment choice. Right now, it is not a requirement but in the future insurance companies might ask you to prove that you are providing risk reduction strategies to your patients at an elevated risk. The code for low risk is D0601, moderate risk is D0602 and high risk is D0603. There is no benefit attached to these codes, they are justification. Even if the patient is private pay, you should always record the risk level in the patient’s notes.

Another challenge dental professionals express is that patients do not see the value in fluoride treatments. The dental professional can’t introduce fluoride varnish as a preventive treatment at the very end of the appointment and tie it only to a fee. The answer will always be no. Discuss risk factors **as they present themselves** during the appointment; whether it be diet or xerostomia causing medications discovered during the health history review, recession recorded during probing, biofilm and white spot lesions found while ultrasonic scaling gingival margins or orthodontic brackets. When you educate as risks present themselves they build a story and create importance for prevention.

Many offices express reluctance to recommend fluoride treatment when the cost is out-of-pocket to the patient. The cost of FluoroDose varnish to the office is very low-approximately a dollar to purchase and takes only a minute to apply. Many dental educators are recommending that offices implement an affordable fee that covers the cost of treatment but is easy for the patient to agree to. Donna Brogan is a dental hygiene educator and speaker, she reports a fee in the range of \$15 to \$29 is readily accepted by patients across the country. She tells the story of a

hygienist who shared her experience working in two offices; one charges \$30 and most patients decline treatment, the other office charges \$15 and most patients agree to the preventive service. These patients are receiving the same education but the fee was the deciding factor.

Below are examples of the financial impact of applying fluoride varnish to a varying number of patients at different fees. The chart shows three potential fees - \$19.00, \$25.00 and \$50.00 and the benefit it can have on an office. The chart assumes an increase in acceptance with a decrease in fee. Combining education empowers our patients, increasing our patients' oral health and helping to improve your offices financial health is a win-win-win – everybody wins, especially our patients.

Financial Impact of an Adult Prevention Program

\$19.00 Varnish Fee, 6 pt / 4 days


Description	Cost
RDH average pay is	\$42 per hour
Fluoride Application time (glove, peel, mix apply)	1 minute
Cost per RDH salary	\$0.70
Fluoride cost approx.	\$1.00
Total Cost	\$1.70
Average fee	\$19.00
Profit per patient	\$17.30
6 Patients per day x 4 days	\$415.20
50 weeks a year	\$20,760

\$25.00 Varnish Fee, 4 pt / 4 days

Description	Cost
RDH average pay is	\$42 per hour
Fluoride Application time (glove, peel, mix apply)	1 minute
Cost per RDH salary	\$0.70
Fluoride cost approx.	\$1.00
Total Cost	\$1.70
Average fee	\$25.00
Profit per patient	\$23.30
4 Patients per day x 4 days	\$372.80
50 weeks a year	\$18,640

\$50.00 Varnish Fee, 2 pt / 4 days

Description	Cost
RDH average pay is	\$42 per hour
Fluoride Application time (glove, peel, mix apply)	1 minute
Cost per RDH salary	\$0.70
Fluoride cost approx.	\$1.00
Total Cost	\$1.70
Average fee	\$50.00
Profit per patient	\$48.30
2 Patients per day x 4 days	\$386.40
50 weeks a year	\$19,320



Making Dentistry Easier.™

Office Intervention Protocol:

Here is your call to action...

Put caries risk assessment to work in your office. It is a proven standard of care and it is likely to become mandatory for insurance coverage in the next few years. It isn't just good for the patient, it is great for professional fulfillment, as well as for your practices' health. When you start looking for and paying attention to your patient's risk, you will realize how many people are at risk, maybe even you! You will start educating on preventive measures and providing fluoride varnish more often. And, you will be doing it for the right reason—patient health.

You can download those forms at www.centrixdental.com/adultfluoride.

Talk to women who are in the child bearing age about if they are planning to become **pregnant**. I promise you, none of them are aware of vertical transmission of their caries causing bacteria to their infant. If they are planning or are already pregnant perform a risk assessment and get them started on intervention strategies including Xylitol gum, high dose home fluoride, and varnish every 3-6 months. This is the stage when women are most susceptible to education because they are focused on their health and their child's health – and they aren't stressed out and sleep deprived, yet.

Tell them about **first tooth, first visit**. When you do see that 6-month-old with its cute little teeth take the opportunity to re-evaluate the mom as well as the baby. Complete a risk assessment for the baby and educate mom on developmental milestones and the importance of transitioning from bottle to sippy cup, to regular cup and how those things affect caries and development. Stress that breast milk after tooth eruption is dangerous for teeth unless guidelines are followed. Research published in Caries Research shows us varnishing those first teeth soon after eruption is imperative, reducing decay by 31% in children under 3. Another study published in the Journal of Dental Research showed children ages 6-44 months who received no varnish were more than two times as likely to develop decay as those who received annual varnish applications. Get them started on prevention early by beginning fluoride varnish treatments as soon as the first tooth erupts, at least twice a year.

Childhood is a particularly dangerous time for dentition. When teeth erupt into the oral cavity they are at greater risk of decay because they are not fully mineralized. It takes two years of mineralization to strengthen these teeth. During these two years they are bombarded with an acidic environment and poor brushing habits. Most parents have stopped overseeing brushing and do not realize their child just doesn't have the dexterity (or desire) to effectively clean their mouths. When permanent teeth erupt it is important to nourish them with calcium, phosphate and fluoride to give them the strength to fight demineralization. Depending upon risk level, it is imperative to provide varnish 2-4 times a year and possibly home rinses or pastes. Imagine if you could help them keep their 6 and 12 year molars from getting decay in those first two years, they may be able to circumvent the irreversible restorative cycle completely.

Reconsider recall intervals, your periodontal patients come in every three or four months because of their risk factors. CAMBRA calls for you to implement the same practice, customize recalls to the patient. If a patient is at high risk, you can move them to a three-month caries recall until they go two years without caries. And this visit doesn't necessarily have to be a full prophylaxis visit; it can be a simply re-assessment of risk, home care follow-up and a varnish application.

Adolescence brings a new period of independence. Thirteen-year-olds don't want to listen to adults' advice and they don't want parents observing their brushing technique. This is a critical time for the 12-year molars as they are still in the mineralization stage and susceptible to decay. This age group benefits from fluoride varnish every three to six months and a home course of 5000ppm paste and a mouth rinse. Research shows for ortho patients, fluoride application is recommended every six weeks to prevent white spot lesions forming under brackets, whether applied by the ortho office or their GP office.

College students have a new set of challenges, they are on their own for the first time with no rules and no one watching what they eat or how much sleep they get. They also quite often miss their regular dental appointments and may not be the best at biofilm control. Their food choices are not great, they quite often are lacking in many nutrients important to oral health including Vitamins A, B, C, D and calcium. What they do eat is acidic, fat-filled, loaded with processed carbohydrates and sugar and doesn't promote healthy gingiva or saliva. They may be drinking sugar filled acidic coffee and energy drinks. What they are likely not drinking is tap water with its' great fluoride benefits. Add long hours of studying, alcohol, stress and lack of sleep and you have a recipe for decay. It is important for this age group to have regular visits to your office, with frequent varnish applications and use of 5000 ppm F toothpaste.

Adults don't receive a pass for oral health with their diploma. Many of the same habits developed in high school and college stick around into adulthood. If a patient has had caries in the previous two years they are at an elevated risk to develop another lesion. Many people are surprised to learn that caries is a bacterial infection caused partly by an overgrowth of harmful cavity causing bacteria. Even if an adult starts eating healthy food and brushing and flossing effectively, they still have the bacterial imbalance. It takes effort to change the oral pH and reduce the level of S mutans and lactobacillus. This may include any or all of the following; high dose home fluoride, anti-microbial rinses, xylitol therapy, and fluoride varnish every three months until the patient goes two years without decay.

Adults often present with exposed root surfaces. Whether the recession is caused by orthodontics, aggressive brushing or faulty occlusion, the outcome is the same - exposed roots that lead to sensitivity and the risk of decay. Application of varnish is an effective treatment for dentinal sensitivity and has the added benefit of reducing caries risk.

Orthodontics is its very own risk factor and is increasingly seen in adults. It isn't just brackets and wires that pose a risk, tray aligners carry risk as well. Adult patients seem to be compliant with wearing the trays as instructed, what they are not good at is cleaning their mouth before replacing the tray after eating. When you replace the tray immediately you are blocking saliva from doing its job of washing away debris and returning the pH to neutral. The patient is trapping food, sugar and acid inside the aligner. Educate the patient to brush and floss after eating or at the very least to rinse for one minute with tap water. Home fluoride gel or a calcium phosphate paste can be worn inside the tray during sleep but the easiest, most reliable, treatment is to provide fluoride varnish 2-4 times a year depending on their other risk factors. Fluoride varnish requires no effort by the patient and no changes in habit.

Older adults - Large cohort studies show that older people are a caries active group, experiencing new disease at a rate which is at least as great as that of adolescents. The ADA recently released a statement that the only population group experiencing an increased rate of caries incidence is the elderly. This is due mainly to the prevalence of two proven risk factors; root exposure and the amount of xerostomia inducing medications this population consumes. Over 600 medications are known to have xerostomia as a side effect including anti-depressants, narcotics, antibiotics, antihistamines and high blood pressure medications. In addition to medication there are many systemic causes as well, including Alzheimer's, diabetes, anemia, hypertension and arthritis. When a person has

exposed root surfaces and reduced salivary flow they are at great risk of decay. The drop in pH necessary for demineralization in cementum and dentin (pH 6.2 to 6.7) is less than that required for enamel (pH 5.4 to 5.5). Therefore, given the proper environment, both the initiation and progression of root surface caries lesions will occur more rapidly than in an enamel surface. Root caries can and does occur quickly. Surface irregularities, collagen degradation, longer periods of acid challenge, and lower saliva clearance all aggravate the process of root caries.

Seniors have other risk factors as well, including many multi-surface restorations, possibly with overhangs or open margins and they may be undergoing H/N radiation or chemotherapy. They often pick up the habit of sucking candy to combat dry mouth or bad breath providing hours of sugar and an acidic environment to the delicate root surfaces. Intervention therapies are an important part of protecting their investment, root caries can be devastating financially and have poor health outcomes. Providing fluoride varnish treatment 3-4 times a year is recommended.

Other Concerns:

What stops an office from providing fluoride varnish for adult patients? One of the most popular answers is that the patients don't like the fuzzy feeling right after they get their teeth cleaned. A close second is the lack of insurance coverage. A few offices might be concerned that patients think they are just trying to make money.

Fuzzy Feeling – Some hygienists report that patients don't like leaving the office with the fuzzy feeling. According to Donna Brogan and other educators, the truth is that the hygienist **assumes** that is how the patients feel so they stop offering varnish treatments to adults. Many offices were early adopters of varnish when the available products were thick, crunchy and left a fuzzy film on the teeth. Fluoride varnish has improved greatly, FluoroDose provides a light, smooth mouth-feel with a good flavor that is well accepted by children and adults. Even so, there is still a slight sensation so inform the patient upfront.

A sample dialog...

“Okay, almost done, do they feel nice and smooth? Don't you love getting your teeth cleaned? Now I'm going to place the protective varnish. It will leave a slight film on your teeth the rest of the day that tells you your teeth are protected. Tomorrow you will have that slick feeling back again. You can eat and drink immediately, just no hot coffee or tea for an hour. Don't brush or floss until tomorrow morning, I want the protective varnish to stay and work its magic. Even after you brush in the morning the fluoride will still be working for you, preventing cavities.”

Insurance Coverage – This was covered earlier.

Here is a sample dialog...

“Like other prevention programs, some insurance companies are not yet assisting with payment of this preventive treatment. However, the fee is only \$22 - I know it would be worth it to you if it prevented you from having another cavity.”

Selling – It is not selling, it is preventing decay, it is saving money, it is educating on risk reduction. As mentioned earlier, the dental professional needs to educate the patient throughout the appointment. The hygienist has an opportunity at the beginning of the appointment with the medication discussion, another opportunity during probing when recession is recorded, another opportunity when diet is discussed, another during scaling as overhangs or multiple restoration margins are discovered. Involve the patient in identifying risks and they are more likely to take part in risk reduction.

Marketing Support:

Centrix, Inc. has created materials to assist in targeting adult patients who are at risk of developing decay. You can find this marketing package at their website at www.centrixdental.com/adultfluoride. This package will help you start a targeted adult fluoride varnish campaign to begin reducing risks.

The Patient Self-Assessment form is designed to spark the patients’ thought process before they even sit in your chair. It is not an official CAMBRA form but it is beneficial and includes the patient in co-diagnosis of their risk. It encourages patient involvement and gets the patient to ask you about how to reduce their risk.

Date: _____ Name: _____

PATIENT SELF-ASSESSMENT

Are you at risk for adult cavities? (Circle all that apply)

		Hygienist Check List
I have had a cavity within the last 24 months	✓	
I am in active chemo or radiation therapy	✓	
I have gum recession	✓	
I have had dental work in the last year	✓	
I regularly drink beverages such as cola, coffee, sports, or energy drinks	✓	
I regularly snack between meals	✓	
I take over-the-counter or prescription medication	✓	
I occasionally have a dry mouth	✓	
My teeth are sometimes sensitive to cold	✓	
I have multiple fillings, restorations or crowns	✓	
Food gets trapped between my teeth	✓	
I have braces or wear an orthodontic appliance	✓	
I brush twice a day with fluoride toothpaste	✓	
I have never had a cavity	✓	
I visit my hygienist regularly (at least 2x/year)	✓	
My hygienist applies protective fluoride varnish to my teeth at every visit	✓	

Please give this to your dental hygienist. This helps them evaluate your oral health and risks for developing cavities at any age.

Internal use only. Suggestions made during appointment.

✓ HIGH RISK, ACTION NEEDED NOW
 ✓ MEDIUM RISK, WE SHOULD TALK!
 ✓ LOW RISK, GREAT JOB!

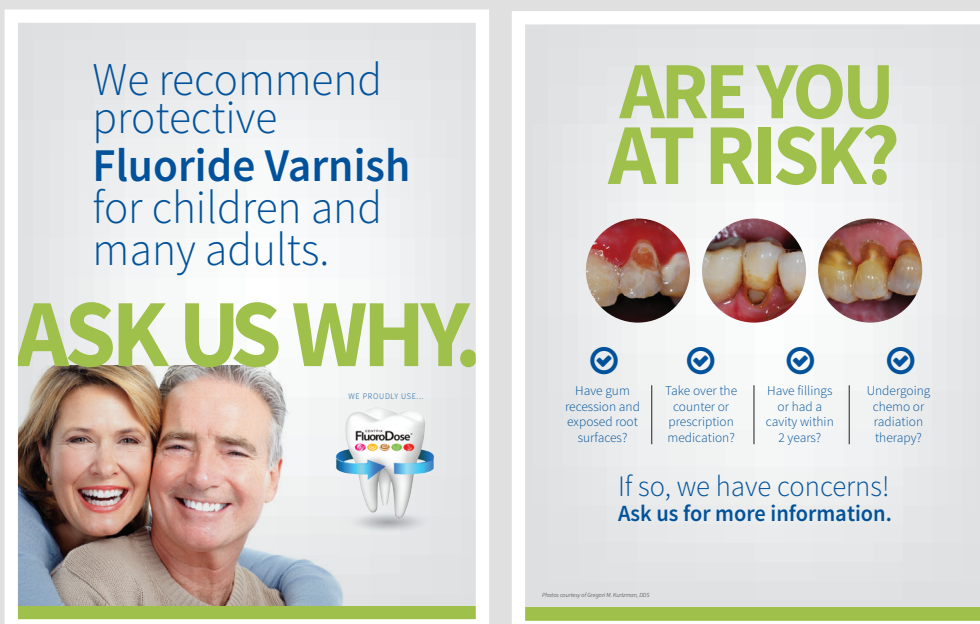
Disclaimer: This is a risk assessment tool and is not to be used as the sole determinant for patient treatment. Clinical judgment of dental professional, review of the health history and full exam are part of a comprehensive assessment.

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SEE ADDENDUM C

If you can get the patient to ask you about dentistry you are answering questions instead of what some consider preaching/nagging. It also serves as a reminder for you to apply varnish. One of the barriers many hygienists report is that they have every intention to apply varnish but they realize they forgot after they dismiss the patient. If the form is sitting on the counter it can serve as a reminder.

The other items scream technology! The package includes customizable Facebook and Instagram posts and you can even tweet to your patients about oral health. Below is an example of the waiting room and treatment room displays. For the old schoolers out there—there is also a newspaper ad and a recall postcard. And if you like the dialog I've been sharing throughout the course you can even get those.



Finally, start turning in fluoride varnish treatments and risk assessment to insurance companies even if you know they will not pay. They keep track of procedures turned in. This is how we got sealants covered 20 years ago.

Conclusion:

We now know that caries is a preventable disease, we just have to get ahead of the bacterial infection. If your dentist had all the tools you have today, could you have made it to adulthood without decay? If you had fluoride varnish applied 2–4 times a year and access to home prevention products would you have the same number of restorations? What if you could have prevented ever receiving Strep mutans from your mother, you might have avoided the irreversible restorative cycle completely.

Imagine helping your patients go a lifetime without disease. Prevention is always better than treatment. It is more rewarding, it is less expensive, it is less traumatizing and it is a lot more fun to prevent decay than to tell someone they have yet another cavity.

Now that you have these tools, you can assist your patients in Prevention for Life.

FOOTNOTES:

1. CAMBRA forms can be downloaded at www.centrixdental.com/adultfluoride.
2. NCHS Data. Dental Caries and Tooth Loss in Adults in the United States, 2011-2012 Brief No. 197 May 2015. <https://www.cdc.gov/nchs/data/databriefs/db197.pdf>
3. ADA Center for Evidence-Based Dentistry. Topical Fluoride for Caries Prevention. 2013. http://ebd.ada.org/~media/EBD/Files/Topical_fluoride_for_caries_prevention_2013_update.ashx (Page 10)

Caries Risk Assessment Form (Age 0-6)

Patient Name: _____

Birth Date: _____ Date: _____

Age: _____ Initials: _____

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>	Frequent or prolonged between meal exposures/day <input type="checkbox"/>	Bottle or sippy cup with anything other than water at bed time <input type="checkbox"/>
III.	Eligible for Government Programs (WIC, Head Start, Medicaid or SCHIP)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Caries Experience of Mother, Caregiver and/or other Siblings	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
V.	Dental Home: established patient of record in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Clinical Conditions		Check or Circle the conditions that apply		
I.	Visual or Radiographically Evident Restorations/ Cavitated Carious Lesions	No new carious lesions or restorations in last 24 months <input type="checkbox"/>		Carious lesions or restorations in last 24 months <input type="checkbox"/>
II.	Non-cavitated (incipient) Carious Lesions	No new lesions in last 24 months <input type="checkbox"/>		New lesions in last 24 months <input type="checkbox"/>
III.	Teeth Missing Due to Caries	<input type="checkbox"/> No		<input type="checkbox"/> Yes
IV.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Salivary Flow	Visually adequate <input type="checkbox"/>		Visually inadequate <input type="checkbox"/>

Overall assessment of dental caries risk: Low Moderate High

Instructions for Caregiver:

Caries Risk Assessment Form (Age >6)

Patient Name:

Birth Date:

Date:

Age:

Initials:

		Low Risk	Moderate Risk	High Risk
Contributing Conditions		Check or Circle the conditions that apply		
I.	Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
II.	Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV.	Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
General Health Conditions		Check or Circle the conditions that apply		
I.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II.	Chemo/Radiation Therapy	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Eating Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Medications that Reduce Salivary Flow	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Drug/Alcohol Abuse	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Clinical Conditions		Check or Circle the conditions that apply		
I.	Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input type="checkbox"/>
II.	Teeth Missing Due to Caries in past 36 months	<input type="checkbox"/> No		<input type="checkbox"/> Yes
III.	Visible Plaque	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	Unusual Tooth Morphology that compromises oral hygiene	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VI.	Exposed Root Surfaces Present	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VII.	Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII.	Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	Severe Dry Mouth (Xerostomia)	<input type="checkbox"/> No		<input type="checkbox"/> Yes

Overall assessment of dental caries risk:

Low

Moderate







High

Patient Instructions:

ADA Center for Evidence-Based Dentistry™

Table 1. Clinical recommendations for use of Professionally-applied or prescription-strength, home-use topical fluoride agents for caries prevention in patients at elevated risk of developing caries

Strength of recommendations: Each recommendation is based on the best available evidence. The level of evidence available to support each recommendation may differ.

 Strong Evidence strongly supports providing this intervention	 In favor Evidence favors providing this intervention	 Weak Evidence suggests implementing this intervention only after alternatives have been considered	 Expert Opinion For Evidence is lacking; the level of certainty is low. Expert opinion guides this recommendation	 Expert Opinion Against Evidence is lacking; the level of certainty is low. Expert opinion suggests not implementing this intervention	 Against Evidence suggests not implementing this intervention or discontinuing ineffective procedures
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Age Group or Dentition Affected	Professionally-Applied Topical Fluoride Agent	Prescription-Strength, Home-Use Topical Fluoride Agent
Younger than 6 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor	
6-18 years	2.26% fluoride varnish at least every 3 to 6 months ● In Favor OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● In Favor	0.09% fluoride mouthrinse at least weekly ● In Favor OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Older than 18 Years	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse at least weekly ● Expert Opinion For OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For
Adult Root Caries	2.26% fluoride varnish at least every 3 to 6 months ● Expert Opinion For OR 1.23% fluoride (APF*) gel for 4 minutes at least every 3 to 6 months ● Expert Opinion For	0.09% fluoride mouthrinse daily ● Expert Opinion For OR 0.5% fluoride gel or paste twice daily ● Expert Opinion For

Additional Information:

- 0.1% fluoride varnish, 1.23% fluoride (APF*) foam, or prophylaxis pastes are not recommended for preventing coronal caries in all age groups (● **Expert Opinion Against** or ● **Against**). See JADA publication for recommendation strength by age group.¹ The full report, which includes more details, is available at ebd.ada.org.
- No prescription-strength or professionally-applied topical fluoride agents except 2.26% fluoride varnish are recommended for children younger than 6 years (● **Expert Opinion Against** or ● **Against**), but practitioners may consider the use of these other agents on the basis of their assessment of individual patient factors that alter the benefit-to-harm relationship.
- Prophylaxis before 1.23% fluoride (APF*) gel application is not necessary for coronal caries prevention in all age groups (● **Expert Opinion Against** or ● **Against**). See JADA publication for recommendation strength by age group.² No recommendation can be made for prophylaxis prior to application of other topical fluoride agents. The full report, which includes more details, is available at ebd.ada.org.

*APF: Acidulated phosphate fluoride

Patients at low risk of developing caries may not need additional topical fluorides other than over-the-counter fluoridated toothpaste and fluoridated water.

Please note that when you see 2.26% it is referring to 22,600ppm fluoride which is commercially known as 5% sodium fluoride varnish

ADDENDUM C

Date: _____ Name: _____

PATIENT SELF-ASSESSMENT

Are you at risk for adult cavities? (Circle all that apply)

Hygienist
Check List

I have had a cavity within the last 24 months	✓	
I am in active chemo or radiation therapy	✓	
I have gum recession	✓	
I have had dental work in the last year	✓	
I regularly drink beverages such as cola, coffee, sports, or energy drinks	✓	
I regularly snack between meals	✓	
I take over-the-counter or prescription medication	✓	
I occasionally have a dry mouth	✓	
My teeth are sometimes sensitive to cold	✓	
I have multiple fillings, restorations or crowns	✓	
Food gets trapped between my teeth	✓	
I have braces or wear an orthodontic appliance	✓	
I brush twice a day with fluoride toothpaste	✓	
I have never had a cavity	✓	
I visit my hygienist regularly (at least 2x/year)	✓	
My hygienist applies protective fluoride varnish to my teeth at every visit	✓	

Please give this to your dental hygienist. This helps them evaluate your oral health and risks for developing cavities at any age.

Internal use only. Suggestions made during appointment.

- ✓ HIGH RISK, ACTION NEEDED NOW
- ✓ MEDIUM RISK, WE SHOULD TALK!
- ✓ LOW RISK, GREAT JOB!

Disclaimer: This is a risk assessment tool and is not to be used as the sole determiner for patient treatment. Clinical judgment of dental professional, review of the health history and full exam are part of a comprehensive assessment.

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