

# Hygiene Treatment Summary

Patient Name: \_\_\_\_\_

Medical Alert: \_\_\_\_\_

Date: \_\_\_\_\_ HHU: \_\_\_\_\_ BP: \_\_\_\_\_ Pre-Med Taken: \_\_\_\_\_

I/E Exam: \_\_\_\_\_ Perio Case Type: 0 I II III IV V

Etiology: Plaque 0 L M H Sub Calc 0 L M H Pt. Motivation E G F P OHI Rx: DF TB PA RT PB SB HF Oth  
BOS 0 L M H Supra Calc 0 L M H Pt. Skills E G F P Habits: \_\_\_\_\_  
BOP 0 L M H Tiss. Desc.: \_\_\_\_\_ Shade: \_\_\_\_\_  
Stain 0 L M H \_\_\_\_\_

Services Rendered: Exam FMP AP CP Fl. IT SRP Re✓ SPT Laser \_\_\_\_\_  
FMX \_\_\_\_\_ BWX \_\_\_\_\_ PA's \_\_\_\_\_ Pano \_\_\_\_\_ OH Status: \_\_\_\_\_ (comments)

Disclosed: Y N Irrigation: Y N Ultrasonic: Y N IOC Exam: Y N Pamphlet Given: \_\_\_\_\_

Anesthetic: UR LR UL LL \_\_\_\_\_ Injections: IA B M PSA MSA ASA GP IP

Discussed perio etiology  Informed Pt. of perio status As evidenced by: Perio Chart X-rays Home Care  Reinforced previous discussions

Comments: \_\_\_\_\_

Next Visit: AP CP Fl. SRP \_\_\_\_\_ Re✓ SPT: 2m 3m 4m 6m Laser CE PE BWX FMX Pano Clinician / Lic. #: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_ HHU: \_\_\_\_\_ BP: \_\_\_\_\_ Pre-Med Taken: \_\_\_\_\_

I/E Exam: \_\_\_\_\_ Perio Case Type: 0 I II III IV V

Etiology: Plaque 0 L M H Sub Calc 0 L M H Pt. Motivation E G F P OHI Rx: DF TB PA RT PB SB HF Oth  
BOS 0 L M H Supra Calc 0 L M H Pt. Skills E G F P Habits: \_\_\_\_\_  
BOP 0 L M H Tiss. Desc.: \_\_\_\_\_ Shade: \_\_\_\_\_  
Stain 0 L M H \_\_\_\_\_

Services Rendered: Exam FMP AP CP Fl. IT SRP Re✓ SPT Laser \_\_\_\_\_  
FMX \_\_\_\_\_ BWX \_\_\_\_\_ PA's \_\_\_\_\_ Pano \_\_\_\_\_ OH Status: \_\_\_\_\_ (comments)

Disclosed: Y N Irrigation: Y N Ultrasonic: Y N IOC Exam: Y N Pamphlet Given: \_\_\_\_\_

Anesthetic: UR LR UL LL \_\_\_\_\_ Injections: IA B M PSA MSA ASA GP IP

Discussed perio etiology  Informed Pt. of perio status As evidenced by: Perio Chart X-rays Home Care  Reinforced previous discussions

Comments: \_\_\_\_\_

Next Visit: AP CP Fl. SRP \_\_\_\_\_ Re✓ SPT: 2m 3m 4m 6m Laser CE PE BWX FMX Pano Clinician / Lic. #: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_ HHU: \_\_\_\_\_ BP: \_\_\_\_\_ Pre-Med Taken: \_\_\_\_\_

I/E Exam: \_\_\_\_\_ Perio Case Type: 0 I II III IV V

Etiology: Plaque 0 L M H Sub Calc 0 L M H Pt. Motivation E G F P OHI Rx: DF TB PA RT PB SB HF Oth  
BOS 0 L M H Supra Calc 0 L M H Pt. Skills E G F P Habits: \_\_\_\_\_  
BOP 0 L M H Tiss. Desc.: \_\_\_\_\_ Shade: \_\_\_\_\_  
Stain 0 L M H \_\_\_\_\_

Services Rendered: Exam FMP AP CP Fl. IT SRP Re✓ SPT Laser \_\_\_\_\_  
FMX \_\_\_\_\_ BWX \_\_\_\_\_ PA's \_\_\_\_\_ Pano \_\_\_\_\_ OH Status: \_\_\_\_\_ (comments)

Disclosed: Y N Irrigation: Y N Ultrasonic: Y N IOC Exam: Y N Pamphlet Given: \_\_\_\_\_

Anesthetic: UR LR UL LL \_\_\_\_\_ Injections: IA B M PSA MSA ASA GP IP

Discussed perio etiology  Informed Pt. of perio status As evidenced by: Perio Chart X-rays Home Care  Reinforced previous discussions

Comments: \_\_\_\_\_

Next Visit: AP CP Fl. SRP \_\_\_\_\_ Re✓ SPT: 2m 3m 4m 6m Laser CE PE BWX FMX Pano Clinician / Lic. #: \_\_\_\_\_ / \_\_\_\_\_