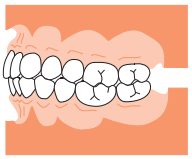
Preventive Dental Treatment for High Caries Risk Patients



Name	
SSN	
Rank	
Org	
Phone (wk)	
Phone (hm)	

Motivation Session (40 min)

Date completed:_____

- c OHI and Documentation
- c Prevident 5000 1.1% NaF x 2 (ADA 9630)
- c Diet Counselling (ADA 1310)
- c Impressions for Fluoride Trays (ADA for trays 5986)
- c Other Tx: _____

- c PRP
- c Fly
- c Profile
- c Multidisciplinary

Preventive Tx Possibilities:

1 - Home Fluoride Rx: *Prevident 5000* 1.1% NaF x 51g (apply to affected areas twice daily) (ADA Code 9630)
2 - Home Fluoride Trays: (ADA Code 5986)
3 - Fluoride Varnish Application: (ADA Code 1204)
4 - Fluoride Tx: (ADA Code 1204)
5 - Sealants: (ADA Code 1351)

Restorative Tx Possibilities:

1a - one surface am (2140)
2a - two surface am (2150)
3a - three surface am (2160)
4a - four surface am (2170)

1r - one surface resin ant/post (2330/2385)
2r - two surface resin ant/post (2331/2386)
3r - three surface resin ant/post (2332/2387)
4r - four surface resin ant (2335)

5 - Perio crown lengthening
6 - Endo
7 - Extraction

Date	Cl 3?*	Appt #	Appt length	Plaque score %	Procedure type	Location	Pt declines (stamp record)

*Cl 3? = use √ for each procedure required to address class 3 status

Program Completion Date:_____

This is a local Nellis AFB Dental Form
Please place on left side of AF2100 (Dental Record) ON TOP