Visit #2: C.B. 30 yr old male H/II Date of service (clinic date): 11/17/17

Date posted on BB: 11/20/17

**EVALUATION – VISIT 2**

In Visit 1, I scaled the LRQ which I re-evaluated on visit 2. The bulbous inflammation present in the mandibular anterior region had significantly reduced in the LRQ. The gingival tissue was firm, and bleeding reduced significantly. The patient was overall more motivated to improve his oral hygiene going forward. He reported that he has been attempting to floss daily using traditional floss rather than the floss holder which I recommended he use due to his inability to floss the traditional way. He said that even though it was challenging at first to floss correctly, he enjoyed taking up the challenge and improving. He reported also rinsing two times a day with Listerine Total as per the OHI we reviewed in visit 1.

After reviewing my patient’s response to the previous treatment and re-evaluating the LRQ, I proceeded to disclose him and go over OHI. His plaque score had reduced from 1.8 to 1.3. This was an improvement which I shared with the patient and he felt very proud to see an improvement in just one week. I believe it motivated him to bring it even lower. For OHI, we went over the modified bass method of brushing. I proceeded with the treatment plan to finish scaling the remaining 3 quadrants. The patient reported that the pain at the last visit was making him feel a little nervous about today. I informed him that he should always inform me or any health care provider if he is uncomfortable because he always has the option to manage the pain. I explained the difference between using topical gel, oraqix, or local anesthesia. After considering the patient’s preference, pain threshold, and medical history the faculty and I decided he was a good candidate for local anesthesia. After receiving his consent, the doctor administered 1 carpule of local anesthesia block on the LLQ. I scaled the LLQ with the cavitron and hand instruments. I proceeded to the ULQ and my faculty administered 1 carpule of local anesthesia (infiltration) in the ULQ. After completing the ULQ, I continued to the URQ for which the patient agreed to use only 1 carpule of Oraqix. I completed scaling all three quadrants. I proceeded to engine polish to remove stains. Finally, I applied varnish fluoride treatment. I instructed the patient to return in 3 months for his next appointment.