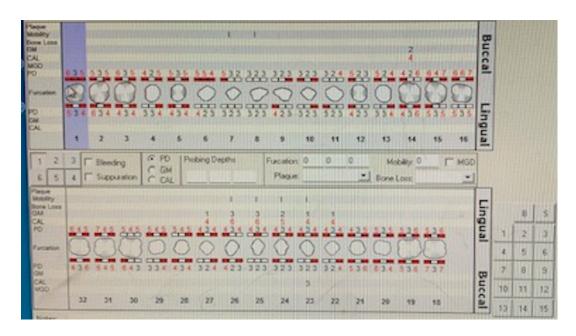
ARESTIN PATIENT

PRE-TREATMENT – 9/24/2019

Assessments





The patient is a 39-year old, Hispanic male. The patient had a chief complaint, "Sensitivity to cold on #18 and pain on LL about 2x weekly" History of blood pressure was taken off meds in 2012, non-

smoker, no medications, no allergies. Manual toothbrush used once daily, flossing once daily, Uses Crest mouth rinse every other day. Dental hx: Last cleaning 3 years ago.

Diagnosis of Oral Conditions and Planning

A white round lesion was present on the right cheek near posterior molars. Possible cheek biting had occurred notes and will evaluate again at next visit. The patient presented with suspicious caries on #1, 16 & 32. The periodontal assessment for patient classified him as Periodontally Type III with moderate BOP and localized mobility I on #7,8,14,23, 25, 26. Referral given for periodontal evaluation and caries evaluation. The patient was a heavy case value. The patient was evaluated and treated using radiographs, dental and periodontal assessments, SRP treatment performed in three visits and Arestin placement. The patient was recommended to return for recall every 3 months.

Implementation

The patient had UR quadrant scaled at first visit and at his follow-up visit UL quadrant was scaled by hand instrumentation and ultrasonic. At the 3rd visit the LR & LL were scaled by hand instrumentation and ultrasonic. Once SRP was completed on 10/22/20 Arestin was placed on the UR and UL areas that was previously identified. The following teeth were treated with Arestin with his current PD readings as followed. The patient will return in 4 weeks for re-evaluation of pocket depths:

- o #2 MB 5mm
- o #2 DB 6mm
- #3 MB 6mm
- #3 DB 6mm
- o #5 MB 6mm
- o #5 DL 6mm

- o #14 MB 5mm
- o #14 MD 5mm

Instructions given to patient:

Arestin® has been placed in _____ sites below your gum line that have been determined to have a bacterial periodontal infection. Arestin® is a powder containing the antibiotic minocycline hydrochloride that is proven to be effective in treating this condition. It is released over an extended period of time, reducing the disease causing bacteria. Your teeth and gums have been cleaned and now that Arestin® has been placed, it is your responsibility to maintain your oral hygiene. You must return for a re-evaluation appointment between 4 to 6 weeks after Arestin® in the periodontal pocket(s) to measure the effectiveness of the treatment.

Post Treatment Instructions:

- You may eat immediately after the procedure.
- A soft diet is recommended and please chew on the opposite side of your mouth if possible.
- 3. No rinsing the entire mouth for 24 hours.
- Begin gentle brushing & flossing in non-treated areas 12 hours after treatment
- 5. Begin gentle brushing in treated areas 24 hours after treatment
- 6. Resume flossing in all parts of the mouth 10 days after treatment 7. Avoid eating hard, crunchy, or sticky foods, like carrots, taffy and chewing gum for 1 week
- 8. Be cautious around the treated area throughout the healing process
- 9. Know that periodontal disease is a chronic infection and needs to be managed
- 10. Keep your scheduled appointment so that your treatment can be evaluated

Return for your re-evaluation appointment the week of NW . 9 20 9 .

POST TREATMENT- 11/19/2020

Evaluation

Follow- up evaluation was done on 11/19/20 4 weeks after Arestin was first placed. Patient explained he had been brushing twice daily patient seemed more motivated in his home oral hygiene care. After evaluation his pocket depth reading were as followed:

- #2 MB 4mm
- o #2 DB 4mm
- #3 MB 4mm
- o #3DB 5mm

- #5 MB 4mm
- #5 DL 5mm
- #14 MB 3mm
- #14 DB 4mm

A reduction of 1mm was evaluated and a 3 moth follow up was recommended for the patient.

