TREATMENT PROTOCOL FOR HIGH CARIES RISK

Is patient deploying in next 12 months? Y / N (Circle one) If patient is deploying within 3 months, complete and document as many varnishes as possible and issue 6 month supply of appropriate chemotherapeutic agents listed below under Phase 2 right before they deploy.

<table>
<thead>
<tr>
<th>* HCR Treatment Plan *</th>
<th>Dates Treatment Completed</th>
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<td>Verbal/written/video/ppt</td>
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<td>High caries risk program</td>
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<td>Benefits of chemo-therapeutics</td>
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<td>Deployment and caries risk</td>
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□ Phase 1- Expedited Fluoride Varnish application
In-office professional fluoride treatment *
- Varnish (Cavity shield application)- 4 applications (preferably within first month of enrollment). May also be applied in conjunction with caries control/restorative appointments.

☆ Patient awarded incentive for completing Phase 1 (electric toothbrush)

Phase 2- Other Chemo-therapeutic agents
A. Provide chemo-therapeutic adjuncts for caries control
   (If patient is deploying issue 6 month supply)
   - Chlorhexidine rinse (Rx: 0.12% CHX rinse), (2 bottles if deploying)
   - Fluoride toothpaste (PreviDent 5000) (6 tubes if deploying)
   - Xylitol products (gum) (available in theater)
   - Calcium and phosphate containing products (e.g. MI Paste Plus®, Recaldent® gum, etc.)

□ Phase 3 Restorations, sealants, follow-on fluoride varnish applications
Date
- If indicated sealants placed on:
- Patient received quarterly fluoride varnish applications on: 2nd qtr________ 3rd __________ 4th qtr_____

☆ Patient awarded incentive (Crest white strips) for completing Phase 3

□ Next Annual Exam:
A. Moderate Caries risk –
   1) One or two carious lesions during current exam or at least one risk factor - continue 6 month recall intervals
   2) No caries during current exam, no risk factors – remove from program
B. High Caries risk –
   1) 3 or more carious lesions - start a new worksheet and keep in program.
   2) No caries but multiple risk factors – remain High caries risk, continue with fluoride recall application at 3 - 6 month intervals.
   3) No caries during current exam, no risk factors – remove from program

*****Note: Member is Dental Readiness Class 2 during fluoride recall.
This program is voluntary, but will require time and effort on your part. The best professional intervention cannot succeed without a consistent commitment from you—at home and at the dental clinic. By signing below, you agree to comply with the recommendations made by the dentist. If you are unable or unwilling to participate any longer in the program (i.e., due to PCS, deployment, separation, lack of desire), please kindly notify us.

Patient's signature: ________________________________________ Date: __________________

Caries Risk Criteria

**Low Risk Criteria:**
- No incipient* or cavitated primary or secondary carious lesions during current exam and no factors that may increase caries risk**

**Moderate Risk Criteria:** (any of the following)
- One or two incipient* or cavitated primary or secondary carious lesions during current exam
- No incipient or cavitated primary or secondary carious lesions during current exam but presence of at least one factor that may increase caries risk**

**High Risk Criteria:** (any of the following)
- 3 or more incipient* or cavitated primary or secondary carious lesions diagnosed during current exam
- Presence of multiple factors that may increase caries risk**
- Xerostomia (medication-, radiation-, or disease-induced)

* Incipient lesions are noncavitated localized or generalized white spots and/or interproximal radiolucencies
** Risk Factors- factors that increase the risk of developing caries include, but are not limited to:

(Check all that apply)
- Poor oral hygiene
- Deep pits and fissures
- Exposed root surfaces
- Frequent sugar intake (> 5x/day)
- Inadequate or no systemic fluoride (fluoridated water or supplements) or inadequate topical fluoride exposure
- Inadequate salivary flow, as determined from PMH or unstimulated salivary flow testing (< 0.2 mL/min) (Xerostomia may require SF Form 513)
- Streptococcus Mutans levels ≥ 5.5x10⁵ CFU/mL in whole stimulated saliva
- Developmental or acquired enamel defects
- Many multisurface restorations
- Eating disorders
- Restoration overhangs and open margins
- Chemotherapy or radiation therapy
- Active orthodontic treatment
- Physical disability that impedes oral hygiene