

Clinical Features

PATIENT PERIODONTAL REPORT

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Editor's Note The following article discusses a pamphlet folder, entitled "Periodontal Report" which was designed and developed by Dr. Murray Arlin, a Weston, Ontario periodontist, for use by patients in his periodontal practice. Dr. Arlin, who developed both the content and the format of the pam-

phlet did so to help his patients remember where their particular problem areas lie.

"I wanted the patients to have something to take home with them, following the visit, so that the patients would be aware of their status and the illustrations showing problem areas might make home care easier," Dr. Arlin told the journal.

To date, Dr. Arlin says he has received many positive comments on the pamphlet from his patients, but no negative ones. Although it was developed for use in a periodontal practice, it could be adapted for use by the general practitioner.

"Dentists who wish to adapt this design or idea to their own practices will find that it is a handy little thing to have for patients, and so far, my own patients appear to appreciate it."

Those readers who do wish to adapt or use any part of the pamphlet, including the illustrations, must obtain written permission from Dr. Arlin, who holds the copyright to the brochure. Please write to Dr. Arlin, at 1436 Royal York Rd., Suite 209, Weston, Ontario, M9P 3A9 to obtain permission to use all or part of the leaflet.

Fig. 1.

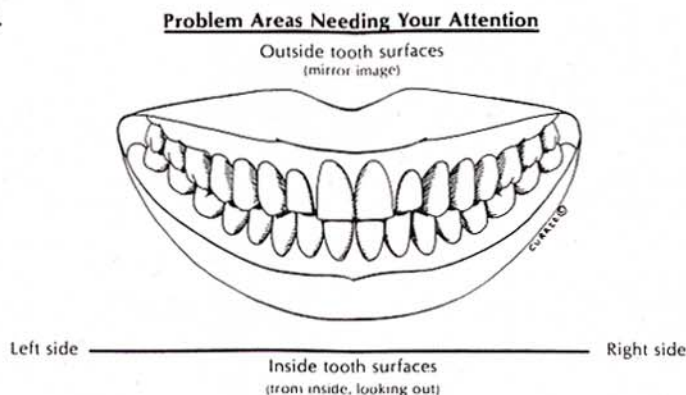
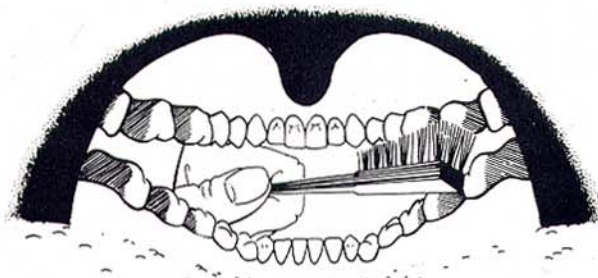


Fig. 2.



- Your periodontal health is: Excellent Stable Deteriorating
- Your plaque control is: Excellent Fair Needs much improvement
- Next appointment with Dr. _____ is due _____ for _____
- Next appointment at our office is due _____ for _____
(See our "Estimate-Treatment Plan Form" for more details)

The Patient "Periodontal Report"

The patient "Periodontal Report" is intended to be given to the patient following his or her initial examination and after each recall visit. In this article a format that has been designed for a periodontal practice will be described (although modifications could be made to suit the Report to general practice).

When printed on both sides of an 8½ × 11" sheet, the Report can be folded into three sections such that a brochure effect is created (Fig. 1, 2, 3). The printed sheets can be packaged in pads of 100 and it is suggested that the pads be kept in each treatment room for convenient access to encourage routine use. The report has specifically been designed in a "check-off" and "fill in the blank" format so that it can be completed in just a matter of seconds.

The Periodontal Report (i) indicates the office services performed (Fig. 3) (ii) diagrammatically illustrates problem areas requiring special patient attention

(Fig. 1) (iii) summarizes the overall periodontal-oral hygiene status (Fig. 2), and (iv) functions as a written reminder to the patient as to when his/her next appointments are due with the periodontist and referring dentist.

The advantages of this type of report include (a) enhanced patient education and communication (b) a written summary of the dental treatment performed, and (c) being an excellent practice-building mechanism due to the positive reactions from many patients receiving this report.

In summary, the periodontal report by virtue of its design is convenient to incorporate and can be an excellent adjunct in providing quality care.

The author wishes to acknowledge Dr. L. Schwartz's help in designing the Periodontal Report.

Name _____
Date _____
Services Performed
<input type="checkbox"/> Medical history (<input type="checkbox"/> Update)
<input type="checkbox"/> Blood pressure evaluation
<input type="checkbox"/> X-Ray <input type="checkbox"/> Series <input type="checkbox"/> Duplicates
<input type="checkbox"/> Oral cancer screen
<input type="checkbox"/> Plaque evaluation
<input type="checkbox"/> Periodontal examination
<input type="checkbox"/> Consultation
<input type="checkbox"/> periodontal
<input type="checkbox"/> medical
<input type="checkbox"/> dental
<input type="checkbox"/> Written report
<input type="checkbox"/> Oral hygiene instruction
<input type="checkbox"/> tooth brush
<input type="checkbox"/> floss
<input type="checkbox"/> rubber tip
<input type="checkbox"/> proxa-brush
<input type="checkbox"/> other
<input type="checkbox"/> Antibiotic therapy
<input type="checkbox"/> Local anaesthetic
<input type="checkbox"/> Scaling and Root planing
<input type="checkbox"/> Irrigation subgingivally
<input type="checkbox"/> Desensitization
<input type="checkbox"/> Occlusal adjustment
<input type="checkbox"/> Surgical therapy
<input type="checkbox"/> Other _____

Fig. 3.