Lake Superior College

Pre/Post Treatment Evaluation

Student Name: Alexis Peterson Patient Name:		
Check mark each procedure performed:		
I. Pa	atient Education Counseling:	
Perso	onal Oral Hygiene Instructions (POH)	Nutritional Counseling
Toba	cco Counseling	Pre/Post Natal Counseling
Hypersensitivity Counseling		Xerostomia Counseling
Other (specify)		
II. <u>Pe</u>	eriodontal Screening Assessment:	
<u> </u>	ding	Gingival Characteristics
Probing Depths		Margination
Plaque Index		Other (specify)
III. <u>Ex</u>	ctra-Oral/Intra-Oral Assessment:	
Significant Findings Other (specify)		
IV. Pr Cl	re-Treatment Evaluation inical Instructor Initial Check:	Date: 3/3/22
2 2 2 5	ecific Observations/Comments: H had Swere bleeding inflowing of CAL. Pt also has frequent appear brushing I flossing, instruction of into sixyer intole st-Treatment Evaluation	mmotion, high npi, and Sugar intake. Discussed suctedfencouraged pt to use witching neds and lowering Date: 4/7/22
<u> </u>	Specific Observations/Comments: Pt is bleedsnay on #30 as was much better and pochets were better in those spots too. Encourage use of water pile again.	
VI. <u>Do</u>	Observations and procedures recorded in patient's permanent record	
Instructor Final Check: Acceptable Grade: Acceptable Grade: Acceptable		