Lake Superior College

Pre/Post Treatment Evaluation

Studen	t Name: HUXIS PLEYSON_Patient N	ame:
Check	mark each procedure performed:	
ι.	Patient Education Counseling:	
7	Personal Oral Hygiene Instructions (POH)	Nutritional Counseling
_	_ Tobacco Counseling	Pre/Post Natal Counseling
_	_ Hypersensitivity Counseling	Xerostomia Counseling
-	Other (specify)	
II.	Periodontal Screening Assessment:	
7	_ Bleeding	Gingival Characteristics
A	_ Probing Depths	Margination
1	_ Plaque Index	Other (specify)
III.	Extra-Oral/Intra-Oral Assessment:	
	_ Significant Findings	Other (specify)
IV.	Pre-Treatment Evaluation Specific Observations/Comments:	Date: 9/23/21
v.	Tissue was red in Lower Ant localized rolling in max localize in lower anterlors NPT 31 half on tooth Encoraged a Post-Treatment Evaluation into book to	Discussed brushing haf on gums water Pik and had all relain
VI.	Documentation: For green OH and recorded in pa	
		2

encouraged use of electric tooth bush. And alsoussed proper use of tooth Piks/floss Piks. Also recommended ACT mouth wash. Discussed effects of coffee/Teer and acidic fruit foods

DKolon +