Antiparasitic Treatment Protocol to Heal Periodontal Diseases
Supported by the Use of a Microscope

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ARE YOU SUFFERING FROM GUM DISEASE?

YOUR MOUTH MIGHT BE INFECTED WITH PARASITES!

Do you know anyone who has bleeding gums and/or has bad breath? This may very well be since more than half of the adult population suffers from gingivitis and periodontitis or gum and bone diseases. A recent retrospective study conducted by Dr. Mark Bonner and a group of dentists over 632 patients published in the French newspaper "Actualité Odonto Stomatologique" and also presented at the meeting of Parasitology "Amebiasis XVII 2013" in Mexico in March 2013 confirms the systematic presence of pathogenic parasites in oral periodontal disease. The beauty of this result is that it lead us to realise that the elimination of these parasites can allow permanent cure of the disease.

In fact, parasites Entamoeba gingivalis and Trichomonas tenax, two unicellular animalcules that live inside the gum infection and, thanks to the white and red blood cells, enjoy breeding and feeding while releasing proteolytic enzymes on the bone that supports the teeth. Now that we know there is an association between gum disease and cardiovascular disease, certain lung infections, stroke, diabetes and premature births of low weight babies, it is crucial to eliminate this disease which touches nearly half the planet population.

Do you think you could be affected? If so, the edge of your gum probably shows some redness, might be swollen and might bleed easily upon brushing. On the contrary your gum may even be pink and pale, but your teeth are inextricably receding without your knowing why. Unpleasant-tasting can also indicate that you suffer halitosis. Sometimes even purulent discharge may be released at the touch of the gum with your finger. In the long term some teeth become loose, fairly mobile and then eventually fall out as the jaw bone holding them is eventually destroyed. Your dentist says it is chronic, gene dependent and stress and tobacco related. Not much to reassure you. Your dentist then considers surgery obligatory but you might lose your teeth within 5 years anyway! If so, dental implants are the next step, but the same disease can appear on implants with 25% risk of tooth loss within 10 years!

Do you think you could test positive for gum disease? Fortunately, the solution exists. The new approach to cure periodontal disease is mainly based on the use of the microscope to improve the diagnosis and to view the flora of microorganisms that live under the gum. When gum is healthy, rather motionless bacteria in the form of dots and dashes are present and we call this commensal flora. When gingivitis sets in either through lack of brushing or because of local predisposing factors around the teeth, motile bacteria known as unfavorable benefit from oral environment and proliferate in large numbers. Your body responds consequently and your immune system sends the appropriate granulocytes defense white cells. This superficial gum disease is then said reversible provided that you reduce the number of bacteria and find favorable dental conditions. Nature serves you well seemingly. However, if this condition persists, a more aggressive flora consisting of anaerobic bacteria and parasites may overlap. Parasites too want to win! Once installed at the bottom of the gum crevice, enjoying the warm and humid growing conditions and the absence of oxygen, this aggressive parasitic biofilm, living in inquilinism with bacteria, develops in strength and number to gradually destroy the bone supporting your teeth. Micro abscesses flourish and dental x-rays show at posteriori the deterioration of the supporting bone. This condition can then be described as chronic and progress slowly over the course of your life. Many times, when the conditions are more aggressive (motility of parasites, adhesion to human cells, reproduction, phagocytosis of white blood cell nucleus, additional presence of
Trichomonas), this can cause in nearly 15% of cases, rapid loss of teeth within a few years including inconvenience to your well-being and that of those around you.

Dentist Mark Bonner assisted by Solange Dunoyé, who contributed to the implementation of the working tools for this periodontal monitoring, has proposed this new protocol which allows systematic healing by restoring a so-called healthy microflora. This protocol shows to be very different from traditional methods which often only delay the disease or stabilize the situation without real healing. The results of this new method are exceptional: focused on the disappearance of oral parasites, the bleeding stops as soon as the cure of the infection starts. There is elimination of halitosis and closing down of the periodontal crevice in a proportion of 95 to 100%. This medical and pharmacological therapy is based on similar medical treatments of intestinal and genital parasites. Indeed, two well-known diseases observed by our fellow doctors recall the same phenomenon. These are the affections of the mucous membranes named amoebic dysentery causing intestinal diarrhea, liver abscesses and also vaginal trichomoniasis responsible for urogenital infections. As we well known in such cases, personal partners mutually transmit small-celled animals of the same family leaving an eroded mucosa and causing unpleasant odors.

The treatment for the oral type of infection: disinfectants, antiparasitic drugs, changing or improving oral habits and also treat entourage and relatives affected by the disease, then logically appears to be the credible solution.

Here is the method proposed for oral lesions: first we diagnose parasitic infection using a phase contrast microscope. We take three samples of pathogenic flora from the deep portion of the most affected gingival crevices. This is done without any discomfort for the patient. The frequency of parasitic infestation in the case of active periodontitis is more than 99%, making it extremely easy to confirm. Second we reduce the superficial infection by brushing with home prepared solution made of hydrogen peroxide 1%. We than after recommend to add a bicarbonate powder application of lightly salted soda called Torrens Powder on the gum line. Third we use oral disinfectants and if necessary, relevant specific local antiparasitic cream applied to the surface of the gum and possibly systemic antiparasitic medecine if the situation requires. Finally as it is typical for parasitic component of the disease, we advise patients to avoid re-infection by reducing direct or indirect contact with partners or members of the immediate family who are still infected. Also we ask to watch for contaminated food, water contaminated with parasites, and going further, pets such as dogs and cats that can also infect you as they very frequently harbor periodontitis. It must also be acknowledged that the patient should become hygiene sufficient in order to prevent primary gingivitis from reoccurring being the starting point of the disease.

Traditional methods practiced by the majority of dentists and periodontitis specialists are rather mechanical or surgical in nature and limited to bacteria and tartar buildup removal around the teeth. Usual subtractive surgery certainly can restore a more harmonious bone outline around the teeth and promote good oral hygiene. However, what seems to happen too often is that the parasitic pathogenic flora may very well remain in place and continue to form micro-abscesses at the bottom of the periodontal crevice, worsening the situation beyond appearances.

Therefore our studies show that characteristics of periodontal diseases prove to be directly related to blood-sucking parasites and their pus formation properties. Indeed these small-celled animals are not commensal, but rather benefit from primary gingivitis to feed on white blood cells nuclei (“exonucléophagy”) which renders PMN unable to normally defend the body tissues. They also feed itself on hemoglobin contained in red blood cells. These parasites physically adhere to immune cells and easily thwart their action through binding mechanism (probable amebapore...
similar to amoebic dysentery) and penetrate by way of pseudopodia to finally phagocytize nucleus of white blood cells. We witness an avoidance of defense mechanism phenomenon with formation of numerous parasites colonies that literally infest the gums and cause micro-ulcerations in the crevice around teeth. The treatment technique devoted to the scrupulous elimination of oral parasites, rather than the surgical approach, is relatively easy to apply, completely painless and gives outstanding results even in the early portion of the treatment.

Lectures and seminars have been available for dentists in Canada, Europe, USA and Mexico by Dr. Mark Bonner through the International Institute of Periodontology for more than 16 years and are part of the communication effort to share treatment protocol for this endemic disease. More than a thousand dentists currently use this technique based on preventive screening and curative disinfection treatment confirmed by the use of a phase contrast microscope equipped with a camera to visualize and share the gingival biofilm and carefully follow patient’s progress in order to obtain periodontal healing.

If some of you remain clueless when your dentist diagnoses periodontal disease do not despair. There is no reason to wait until it is too late and teeth become mobile. It is now possible to early detect, to prevent adequately and to cure this disease completely if taken at the right time. So first, eliminate the concerned parasites, then treat close family members and avoid contamination from entourage.

PREAMBLE

Dentist Mark Bonner from Canada, assisted by Solange Dunoyé from France, proposes a healing technique of periodontal disease based on the original works of Kofoid (1929), Keyes (1981), Lyons (1989), Bonner (1998 -2014) and Trim (2011). According to the literature, for over a century these researchers have identified with phase contrast microscopy the protozoan Entamoeba gingivalis in the teeth crevices affected by periodontal disease. The recent use of polymerase chain reaction (PCR) has detected the amoeba in more than 76% of diseased sites (Trim 2011, Santi-Rocca 2012, Bonner 2014) and has demonstrated its absence in all situation of healthy gingiva. All these studies originally initiated from clinical microscopy allow the practicing dentists on the one hand to visualize either the pathogen biofilm in periodontal disease situation or healthy commensal biofilm according to the gingival condition. This technic on the other hand allows exceptional clinical results. This protocol is also pertinent and efficient for any dental practice involved in parasitic component of periodontal diseases and implantology.

As the protozoan Entamoeba gingivalis is virtually always present within the active deep periodontal pocket, a retrospective evaluation of patients with periodontitis was conducted through several dental offices using phase contrast microscopy (Bonner et al, 2013 AOS). The periodontal therapy protocol proposed by Dr. Mark Bonner includes microscopic visualization of the biofilm in all examinations and all appointments for the entire periodontal treatment and maintenance. Teaching and practicing complete hygiene care in real time in dentists’ offices become part of every appointment during treatment. Disinfection is done by repeated application of topical antiparasitic medication based on hydrogen peroxide 1% and Torrens Powder (slightly salty bicarbonate), by the use of topical metronidazole paste onto gum crevice as well as a systemic antiparasitic and an antifungal when required. This disinfection phase is followed by root subgingival scaling strictly limited to the use of sonic or ultrasonic instruments, once and only once disinfection is confirmed. No sharp curettes are permitted to prevent cement removal. This protocol henceforth allows for real healing of the periodontal crevice in a supportive and
healthy environment and enables real bone reconstruction repairing vertical bone defects over the years without any added grafting material.

To establish a concise treatment plan and adapt every appointment during the therapy, the Periodontal Healing Protocol Bonner Dunoyé use microscopic biofilm examination to each appointment. The biofilm sample is prepared with patient salivary medium to which is added biofilm from the 3 most affected teeth of the mouth. No other medium is accepted. This avoid deformation of the parasites with tap water or saline for example, which could make them unrecognizable. Each patient is evaluated by measuring the periodontal pocket depth at the beginning and at the end of the therapy (12 months). We consider normal health is attained when the depth of the periodontal crevice is equal to 3 mm or less.

Images of protozoa, motile bacteria and granulocytes is recorded in the various situations of periodontitis and or peri-implantitis using the phase contrast microscope under 100x magnification (scanning low power at dark field) and 1000x (spotting for parasites) magnification. The pathogenic characteristics of the amoeba Entamoeba gingivalis and Trichomonas tenax or sometimes T. vaginalis, less frequent, taken from the infected crevices are easily observable: displacement, chemotaxic trend, adhesion to immune granulocytes cells, cell division, nesting, and frequent and original phagocytosis of polymorphonuclear neutrophils nucleus (which we explicitly call "exonucleophagy").These observable phenomena clearly destroy the immune capacity of neutrophil granulocyte and forces a release of proteolytic enzymes over the surrounding tissues. This in our opinion prevents NETs PMN activity and encourage similar tissue destruction as in amoebic liver abscess. In addition to this, peri-implantitis (95%, Bonner et al, OAS 2013) are no exception to this pathological protozoa infestation following a first mucositis. Post-treatment evaluation of periodontal pockets from a normaly proposed 3 millimeters or less after treatment shows no parasites (Bonner et al, 2013 AOS). Average healing is equal to 95 - 100% at 12 months from the rigorous use of this specific Periodontal Healing Protocol Bonner Dunoyé. We have found amoeba are also present in 95% of cases studied in situations of peri-implantitis which caused loss of dental implants. This infection however may persists in the case of implants despite antiparasitic therapy controls. It seem more difficult to achieve healing on dental implants compared to that of natural teeth as they rarely are exempt of mucositis and PMN proliferation. At the opposite, teeth respond much more easily to periodontal healing: no pocket more than 3 mm, no bleeding and no PMN granulocytes present, return of commensal bacterial flora composed of cocci bacteria type and non-motile filaments. This of course as long as mechanically sufficient initial bone is present and primary mobility of the teeth is acceptable.

In conclusion we can say with certainty that the amoeba E. gingivalis, blood-sucking and disruptive of cellular immunity infect dental plaque gingivitis or induced gingivitis (that said primary infection), is a causative pathogen factor through its lytic activity in periodontal diseases and peri-implantitis where it is omnipresent. Imagery of this unicellular eukaryote can also serve as a useful guide to find the balance between periodontitis and health. It also helps to detect early infection of most periodontal disease even before bone loss happens and then prevent the effects of infection and promote the therapeutic success with great predictability. The antiparasitic therapy is remarkably efficient on natural teeth and applicable in any dental office using phase contrast microscope at 100x and 1000x magnification. One should make sure to use quality hospital grade microscope and understand specific antiparasitic medication limiting the reproduction of the amoeba E. gingivalis or T. tenax similar to what is found in the case of intestinal amoebic dysentery and vaginal trichomoniasis therapies.
The imagery provided by Dr. Mark Bonner as presented in his popular books, "Tant de bouches à guérir des parasites qui les vampirisent. Vaincre la parodontite" Amyris Editions 2009, “To Kiss or Not to Kiss. A Cure for Gum Disease” Amyris Editions 2013, “Tantas bocas por curar... de los parásitos que las vampirizan. Vencer la periodontitis” Amyris Ediciones 2013, gives us a glimpse of specific biofilm characters depending on whether we are in the presence of normal flora and periodontal health (colored here in green background) or of reversible bacterial character during gingivitis (colored in yellow) or of periodontitis assaulting supporting tissues of the tooth (colored in red). After therapy, microscope controls are used for every periodontal follow up becoming a real diagnostic aid in the same way as dental radiography has been used for dental decay. This practice allows for accurate diagnosis of the activity of periodontal disease and, as proposed, becomes obligatory to confirm periodontal healing for patients.

**Periodontal disease then becomes easily detectable, preventable and curable.**
HEALTHY BIOFILM

Under microscopy, healthy biofilm typically present as non-motile dots and dashes bacteria from the collected gingival crevice. Those are called cocci and filaments of different lengths and thicknesses. Note inflammatory cells are absent.
GINGIVITIS BIOFILM

Gingivitis features coil-shaped bacteria, along with bacilli and mobile vibrio, very dense motile rod-like small cigars. Very restless, they are working around the remains of the white blood cells, clustered like vultures on a carcass of a zebu. This is bacterial gingivitis. Some inflammation is present.
PERIODONTITIS BIOFILMS

With a perfect microscopic correlation in the cases of active periodontitis, the amoeba Entamoeba gingivalis is caught in swallowing a white blood cell nucleus (critical activity we call “exonucleophagy”, annihilating normal immune defense response of the patient). The remains of leukocytes hollow of their substance - the ghost’s white blood cells - lay scattered around. Ravenous ghoul leaves scattered proteolytic enzymes spread on the fragile periodontal attachment and cause damage that we know so well. The NETs activity of PMN is necessarily disturbed. To avoid of course to obtain periodontal healing.
Entamoeba gingivalis apparently using amebapore like phenomena as E. histolytica to paralyze PMN granules before exonucleophagy process (note the absence of granules activity in target PMN compared to others in surrounding).

Once exonucleophagy is completed, *Entamoeba gingivalis* leaves many PMN ghost cell exempt of granules and nucleus making it look like “soap bubles”.
Entamoeba gingivalis in periodontitis gorged with more than ten PMN nucleus, enjoying its meal, leaves as many uncontrolled denucleated defense cells around.

Trichomonas tenax present in 5 to 20% of periodontitis renders disease more rapid, aggressive, and painful, leaving notable halitosis. Here apparently Trichomonas vaginalis.
CANDIDOSIS BIOFILM

Typical appearance of candidosis in biofilm dental plaque. Note long strands (hyphae), long cells, joined end to end. Clamydospore appears in the center. Note dense dark granule in some vacuoles.
MICROSCOPIC PARASITES SEARCHING METHOD

Search primarily by scanning (100x) and follow by spotting (1000x) to find parasites. Once infected location within the biofilm is visually defined, spotting at 1000x confirms parasite diagnosis, thanks in part to the typical amoeba nucleus (central karyosome and peripheral chromatin).

100x scanning.
Spotting amoeba pseudopode and typical nucleus confirm the presence of the parasite surrounded by PMN activity at 1000x magnification.
<table>
<thead>
<tr>
<th>Cell Type</th>
<th>Appearance</th>
<th>Size</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocci</td>
<td>spherical</td>
<td></td>
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<tr>
<td>Filaments</td>
<td>FILTRABLE TUBULAR</td>
<td>medium</td>
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</tr>
<tr>
<td>Leptothrixes</td>
<td>Low appearance</td>
<td>long</td>
<td></td>
</tr>
<tr>
<td>Coxiakorine</td>
<td>very small</td>
<td></td>
<td></td>
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<tr>
<td>Actinomycies</td>
<td>coccoid, spherical</td>
<td></td>
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<tr>
<td>Epithelial cell</td>
<td>coccioid 80µm</td>
<td></td>
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<tr>
<td>Spherocytes</td>
<td>small 8µm</td>
<td>medium 80µm</td>
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<tr>
<td>Bacilli</td>
<td>rod appearance</td>
<td>straight</td>
<td>large 80µm, curved 8µm</td>
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<tr>
<td>Vibrios</td>
<td>curved shape 8µm</td>
<td></td>
<td>small, Helicobacter pylori 5µm</td>
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<tr>
<td>Streptococci</td>
<td>coccioid 100µm</td>
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<tr>
<td>Streptobacilli</td>
<td>non-motile ... s. sanguis 10µm</td>
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<td>Red cell</td>
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<tr>
<td>White cell</td>
<td>PMN neutrophil 10µm</td>
<td>neutrophil 10µm</td>
<td>monocyte 10µm, macrophago 40µm</td>
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<tr>
<td>Entamoeba</td>
<td>20-100µm, round</td>
<td></td>
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<tr>
<td>Trichomonas</td>
<td>free/ball shape 10µm</td>
<td>trunk</td>
<td></td>
</tr>
<tr>
<td>Candida</td>
<td>yeast 6µµ</td>
<td></td>
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</tr>
<tr>
<td>Food debris</td>
<td>axon</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

**GETTING THE PATIENT AWARE OF HIS ILLNESS AND AUTONOMOUS REGARDING HIS OWN HEALING**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement on Authors’ Rights Protection</td>
<td>17</td>
</tr>
<tr>
<td>PROTOCOL TREATMENT AFTER ACCEPTANCE OF TREATMENT PLAN</td>
<td>18</td>
</tr>
<tr>
<td>SUMMARY OF PROTOCOL FOR EACH SESSIONS</td>
<td></td>
</tr>
<tr>
<td>TOPICAL MEDICATION</td>
<td>32</td>
</tr>
<tr>
<td>PRE DIAGNOSTIC EXAMINATION</td>
<td>34</td>
</tr>
<tr>
<td>Proceedings of the periodontal examination</td>
<td></td>
</tr>
<tr>
<td>Questions during the periodontal examination</td>
<td></td>
</tr>
<tr>
<td>TREATMENT PLANS</td>
<td></td>
</tr>
<tr>
<td>PERIODONTAL TREATMENT PLAN</td>
<td>38</td>
</tr>
<tr>
<td>GINGIVAL TREATMENT PLAN</td>
<td>47</td>
</tr>
<tr>
<td>Explanatory notes on the use of peroxide</td>
<td>54</td>
</tr>
<tr>
<td>VALIDATION APPOINTMENT</td>
<td>55</td>
</tr>
<tr>
<td>SUPPORTING THE PATIENT THROUGHOUT ITS THERAPY</td>
<td></td>
</tr>
<tr>
<td>TOOLS TO CARRY OUT THE TREATMENT</td>
<td></td>
</tr>
<tr>
<td>APPOINTMENT 1</td>
<td>62</td>
</tr>
<tr>
<td>Patient Record (front)</td>
<td></td>
</tr>
<tr>
<td>Patient Record (back)</td>
<td></td>
</tr>
<tr>
<td>Periodontal Chart</td>
<td>65</td>
</tr>
<tr>
<td>Peridex</td>
<td>66</td>
</tr>
<tr>
<td>Explanatory notes Preventive Program</td>
<td>68</td>
</tr>
<tr>
<td>Explanatory notes Torrens powder composition</td>
<td>69</td>
</tr>
<tr>
<td>Explanatory notes Preventive Program without salt</td>
<td>70</td>
</tr>
<tr>
<td>Explanatory notes Metronidazole</td>
<td>72</td>
</tr>
<tr>
<td>Oral Hygiene review</td>
<td>73</td>
</tr>
<tr>
<td>Hygiene monitoring sheet</td>
<td>74</td>
</tr>
</tbody>
</table>
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Signature:........................................................................................................................................ Date:..............................................

TREATMENT PROTOCOL
AFTER ACCEPTANCE OF PERIODONTAL PLAN

Session 1 (normally 1 hour long)

- **Listen** to the patient, review main complaint and treatment goals
- Take usual **x-rays and photographs**
• Record and fill periodontal pocket chart
• **Halimeter** testing using dental floss (the patient sniff his floss after passing two locations affected by periodontal disease, and provides a score between 1 and 5, 1 is fine and 5 is unpleasant). The practitioner can outbid result.
• Take 3 samples of periodontal biofilm (the patient has not brushed or otherwise floss for 12 hours) (take specimen specifically in the 3 deepest periodontal pockets of the mouth, preferably in different quadrants) and make a carefully microscopic analysis of those three sites in the presence and with the patient's active participation. Record results on the data checklist each 3 teeth.
• **Fill Periodex monitor** (summarizing the medical, clinical and microbial)
• **Hygiene demonstration and practice** by the patient using Bass Modified brushing technic for his entire mouth (15 to 20 minutes in the mirror, four repeated stroke vibration and rotation, buccal and palatal upper and lower teeth and gum, under the close supervision of the practitioner (coach)).

• **Prescribe** for the month:

**Maintenance Regimen** (to be continued for the duration of treatment and to do strictly 2 times a day, do not use commercial toothpaste to avoid different excipients)

Brush with 1% Hydrogen Peroxide (one part 3% Peroxide with 2 parts water makes a 1% fresh solution, to be used as dentifrice)
Apply Torrens Powder on the edge of the gums (the formula is one part salt plus six parts baking soda, mix for one minute in a blender to make a fine powder; otherwise made ready by the pharmacist). Spit excess and keep without rinsing for 15 minutes

If inflammation is too important, prescribe only hydrogen peroxide diluted with water (1%) for 4 weeks and then add Torrens Powder at the next appointment.

Prescribe also antiparasitic medication for the following cases:
• **real emergency**: the patient is losing a tooth or his teeth: 10 to 14 days metronidazole (250 up to 500mg, 3 times a day).
In this case, patient may require you prescribe a second antiparasitic medication at the 4th month if biofilm is not commensal.

**Warning**: watch and manage restrictions due to the use of metronidazole (alcohol, anticoagulant, lithium, rash possible, and breastfeeding).
Alcohol should be stopped for the duration of the treatment + 1 day.

**Explain in advance** possible gingival recession during therapy, due to bone loss resulting from past disease.

**Very important**: stay in close contact with your patient since there may be some challenges with people around which does not know about parasitology, and give each session teaching and information materials pamphlet "Cure Periodontitis".

**Toothbrush Modified Bass method**:
tilt your brush 45° on the gum line with a row of strands directed in the gingival sulcus. Perform a series of small horizontal movements without leaving the strands of the furrow. Perform vibration for 1 second and end with a roll moving toward the tooth (four times). Repeat on the next sector. A total of 96 movements is normally expected to do the whole mouth brushing.

Session 2 (about 1 month later, a normal period of 1 hour)

- Give the patient contamination questionnaire to be filled in the waiting room prior to appointment.
- **Complete necessary photos, charting and periodex** if you did not have time to finish at first visit.
- Do the **Halimeter Test** with dental floss (two deep pockets, the patient rate the
result from 1 to 5)

3 Biofilm Samples carefull examination (the patient has not brushed or otherwise passed floss for 12 hours) (always take the same 3 deepest sites) and record microscopic analysis on data checklist and share images and video film with the patient.

• **Listen to the patient**, make encouragement or congratulation according to the results of the biofilm, even if pathogenic microorganisms are still present. Also consider the possible improvement in clinical signs such as better appearance and decrease bleeding and tooth mobility.

• **Hygiene instructions revision and practice** for whole mouth in the presence of the practitioner with the addition of dental floss and / or interdental brushes soaked in oxygenated water in advance and finalize with the application of Torrens Powder on the gingival margin (6 part baking soda mixed with 1 part fine table salt).

• **Discuss possible contamination source** and request that the entourage is eventually supported.

• **Prescribe Maintenance Regimen** for the next month:
  - Brush with 1% Hydrogen Peroxide (one part 3% Peroxide with 2 parts water makes a 1% fresh solution, to be used as dentifrice). Allow 4 brushes for the month until the infection is resolved.
  - Apply Torrens Powder on the edge of the gums (same formula: one part salt plus six parts baking soda, mix in advance for one minute in a blender to make a fine powder; otherwise made ready by the pharmacist). Spit excess and keep without rinsing for 20 minutes

• If there is still **significant bleeding and no candidiasis** give Tetracycline Mouth Rinse (for topical use only) 1 teaspoon 5 ml, no more: 3 times for 7 days (3 bottles up every week to 21 days in total) at a rate of 3 times a day (do not forget to warn the patient of bad taste of the product and explain the risks of tongue and teeth colorations, etc ...). Mandatory prescribe scrapers for the tongue.

If there is no more bleeding, continue disinfection and give hydrophilic MA Paste or MK2 (if initial candidiasis) or MC Paste (if induced candidiasis), 3 times a day (do not forget to inform the patient of bad taste product) applying a thin layer (equivalent to a peppercorn for the whole mouth). Remember goal is cocci and filaments, no PMN, no motile bacteria and no parasites.

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**Session 3** (1 month later, normally 1 hour long)

• **Give the patient the assessment interview No. 1** to complete in the waiting room.
• **Listen to the patient**, encouragement and congratulation on clinical improvement.
• **Halimeter Test** with dental floss two area. (Rate from 1 to 5)
• **3 Biofilm samples** (the patient has not brushed or used dental floss last 12 hours (always take the same 3 deepesr sites) and always analyze microscopically with the
patient’s active participation. Note results on data checklist

- **Revise and practice hygiene** instructions: dental floss all the mouth first, use modified Bass brushing method throughout the mouth and add Torrens Powder in the presence of the practitioner (coaching). (Color dental plaque if needed). Allow 4 brushes for the month until the infection is resolved.

- **Discuss contamination** and ask to see the spouse if it is not done.

- **Start removing supragingival calculus, clean and polish teeth** (often blackened with tetracycline or insufficiently abrasive hydrogen peroxide) with a fine or medium laboratory pumice mixture to which is added chlorhexidine 0.12%.

Warning: still do not do subgingival scaling at this stage of therapy. Only remove visible supra gingival calculus.

- **Fill in deepest pockets with hydrophilic Metronidazole cream MA-Nystatin** or MK2 (if candidiasis in early treatment) or MC Paste (if induced candidiasis).

Remove residual excess with the suction device. Avoid rinsing afterwards for 20 minutes.

**Prescription for the month:**

- Maintenance regimen morning and night (flossing, brushing Bass modified 1% H2O2 and application of the Torrens powder with clean wet finger)
- Stop Tétrarince if given at secon appointment (not to exceed 3 weeks)
- Apply the topical MA Paste a thin layer or MK2 (if candidiasis), or MC, 3 times a day at a time breaks (do not forget to warn the patient of the bad taste of the product). A peppercorn for all mouth.

If bleeding does not completely disappear, and patient do the regimen, continue the protocol in the same way, it will normally resolve after the metronidazole prescription at the 4th session.

**Tooth polishing**

A pumice mixture and chlorhexidine expressly made is used to complete the cleaning and polishing of teeth with a rubber cup during each appointment checks the PHP method. Once polishing completed, pumice is felt between the interstices of each tooth and the doctor asks the patient to remove these troublesome elements using dental floss on interproximal surfaces of all teeth. This is the perfect opportunity for the patient to understand the importance and benefits of dental floss that performs the same action on the elimination of interproximal plaque. Once completed, the patient can proceed with its Modified Bass method brushing, upper teeth and lower teeth, buccal and palatal, with his soft brush dipped in 1% Hydrogen Peroxide thereafter complete the Torrens Powder application on the gum line. To be used for each appointment during the therapy. Do not dodge: this is the time "patient learning self-sufficiency." Take note on the time of the process and praise the patient for his diligence and competence ... To be consumed without moderation!
Session 4 (1 month later, normally 1 hour long)

• **Listen to the patient**, encouragement and congratulation on clinical improvement or discuss what is missing for perfect hygiene.
• **Halimeter Test** with dental floss two area. (Rate from 1 to 5)
• **3 Biofilm samples** (the patient has not brushed or used dental floss last 12 hours)
(always take the same 3 deepest sites) and always analyze microscopically with the patient's active participation. Note results on data checklist for at least individual 3 teeth. Ensure the relative absence of bleeding.

• **Remove visible supra gingival calculus** surface essentially using a sonic or ultrasonic scaler. Do not descale subgingival before obtaining healthy commensal flora!
• **Polish teeth** to medium or fine pumice mixture and Chlorhexidine 0.12%.
• **Revise hygiene** doing all mouth (ask the patient to remove the pumice in between teeth with dental floss and disinfect the entire mouth with hydrogen peroxide 1% using Modified Bass method 4 rolls and then ask as usual patient to apply Torrens Powder with wet clean finger (do complete each appointment doing whole mouth, buccal, palatal and lingual, facing the practitioner or his assistant in front of a big wall mirror).
• **Place the MA Paste in the pockets or MK2 (if candidiasis) or MC paste** (if induced candidiasis) thin film, aspirate excess and ask the patient to avoid rinsing for 20 minutes.
• **Discuss contamination** again (spouse, water, holidays in tropical area, family pets) and make sure environment is not suspect, otherwise give instructions for your patient to avoid direct and indirect contacts.

**Prescription for the month:**
- Maintenance regimen morning and night (flossing, brushing Bass modified 1% H2O2 and application of the Torrens powder with clean wet finger)
- Apply the topical MA Paste a thin layer or MK2 (if candidiasis), or MC, 3 times a day at a time breaks (do not forget to warn the patient of the bad taste of the product). A peppercorn for all mouth.
• **Now prescribe metronidazole (amoebicidal and effective anaerobic)** 10 to 14 days depending on the severity of the case if the biofilm is not perfect and commensal, 250 to 500 mg 3 times a day. Other choice would be tetracycline 28 days (for those who cannot stop alcohol drinking or not being able to take metronidazole) or doxycycline 100 mg (1 tablet in 1 dose per day for 10 days).

**Warning:** watch and manage restrictions due to the use of metronidazole (alcohol, anticoagulant, lithium, rash possible, and breastfeeding). Alcohol should be stopped for the duration of the treatment + 1 day.

**See patient in one month.** If bleeding is still present, it will normally disappear with metronidazole medication, except for local sub gingival calculus. We will take care of it next session.

**Session 4 a (if required)**

• 3 biofilm samples (always take the same 3 deepest sites) and microscopic analysis in the presence and patient participation. Ensure the absence of pathogens and
unconditional return to a normal commensal flora, consisting of immobile cocci and filaments. However the presence of macrophages filled with growth factors (transparent vesicles of about 4 microns) is normal at this stage of healing.

If everything is negative on the microscopic evaluation give the next appointment (session 5, the first session of lithotripsy with periodontal endoscope).
If the sample under a microscope is positive for any pathogen: give a dose of antibiotics 14 days. It may be that the patient does not have taken or not correctly taken (this happens 1 in 5).
In this case provide another appointment for microbiological control only (session 4b).

**Session 5 (a month later, normal duration 1 hour)**

Session 5a if required
• Do the **Halimeter Test** with dental floss (quoting 1-5, it should be negative or 1 at this stage).

  **3 Biofilm samples** (the patient has not brushed or floss for 12 hours) (always take the same 3 themselves deeper sites) and microscopic analysis with the presence and patient participation. (Macrophages may be visible at microscopy, containing vacuoles typical of the presence of tissue growth factors (refer to the amebic abscesses of the liver following metronidazole medication) **If everything is negative on the microscope examination:**

• **Encouragement and congratulations.**

• Take usual **6 month radiography** (cavity checkup).

• Complete **Lithotritia** (soft subgingival detratrage) of the first quadrant (the one most affected by the disease) under local anaesthesia with mandatory sonic or ultrasonic instruments and subsequently check with calculus detector for complete removal. Especially avoid the use of sharp curettes which would remove the cementum and prevent the re-attachment of the ligament fibers.

• **General supragingival scaling** for the rest of the mouth.

• **Teeth Polishing** using fine pumice mixed with 0.12% chlorhexidine.

• **Practice Hygiene** full mouth (dental floss, brushing with hydrogen peroxide 1% full mouth using Modified Bass with practitioner monitoring the application of Torrens powder)

• **Place MA Paste in the pockets or MK2 (if candidiasis) or MC paste** (if induced candidiasis) thin film, aspirate excess and ask the patient to avoid rinsing for 20 minutes.

• **Talk about contamination possible sources** and make sure environment is taken care, otherwise give instructions to your patient (avoid direct and indirect contacts).

• **Prescription for the month:**
  - Maintenance regimen morning and night (flossing, brushing Bass modified 1% H2O2 and application of the Torrens powder with clean wet finger)
  - Apply the topical MA Paste a thin layer or MK2 (if candidiasis), or MC, 3 times a day at a time breaks (do not forget to warn the patient of the bad taste of the product). A peppercorn for all mouth.

If the sample under a **microscope is positive:** **postpone litrotitia**, give adequate medication, have control (session 5a) and then only do the planned lithotritia.

---

**Session 6** (a month later, normal duration1 hour)

**Session 6a if required**
• Do the **Halimeter Test** with dental floss (quoting 1-5, it should be negative or 1 at this stage).

• **3 Biofilm samples** (the patient has not brushed or floss for 12 hours) (always take the same 3 themselves deeper sites) and microscopic analysis with the presence and patient participation. (Macrophages may be visible at microscopy, containing vacuoles typical of the presence of tissue growth factors (refer to the amebic abscesses of the liver following metronidazole medication). Take good note with the patient of those 3 pocket depth diminution at this time and compare with initial. It should be at least half resolved.

**If everything is negative on the microscope examination:**

• **Encouragement and congratulations.**

• Complete **Lithotritia** (soft subgingival detatrage) of the second quadrant (the second one most affected by the disease) under local anesthesia with mandatory sonic or ultrasonic instruments and subsequently check with calculus detector for complete removal. Especially avoid the use of sharp curettes which would remove the cementum and prevent the re-attachment of the ligament fibers).

• **General supragingival scaling** for the rest of the mouth.

• **Teeth Polishing** using fine pumice mixed with 0.12% chlorhexidine.

• **Practice Hygiene** full mouth (dental floss, brushing with hydrogen peroxide 1% full mouth using Modified Bass with practitioner monitoring the application of Torrens powder)

• **Place MA Paste in the pockets or MK2 (if candidiasis) or MC paste** (if induced candidiasis) thin film, aspirate excess and ask the patient to avoid rinsing for 20 minutes. Have the patient stop now using the MA paste at home. Maintenance regimen should be sufficient to prevent reinfection.

• **Talk about contamination possible sources** and make sure environment is taken care, otherwise give instructions to your patient (avoid direct and indirect contacts).

• **Prescription for the month:**
  - Maintenance regimen morning and night (flossing, brushing Bass modified 1% H2O2 and application of the Torrens powder with clean wet finger)
  - **Apply the topical MA Paste** a thin layer or MK2 (if candidiasis), or MC, with dental probe at the end of the appointment or with a flat syringe into deepest sulci. A peppercorn for all mouth.

If the sample under a **microscope is positive:** **postpone litrotitia**, give adequate medication, have control (session 6a) and then only do the planned lithotritia.

---

**Session 7** (a month later, normal duration 1 hour)

Session 7a if required
• Do the **Halimeter Test** with dental floss (quoting 1-5, it should be negative or 1 at this stage).
• **3 Biofilm samples** (the patient has not brushed or floss for 12 hours) (always take the same 3 themselves deeper sites) and microscopic analysis with the presence and patient participation. (Macrophages may be visible at microscopy, containing vacuoles typical of the presence of tissue growth factors (refer to the amebic abscesses of the liver following metronidazole medication). Take good note with the patient of those 3 pocket depth diminution at this time and compare with initial. It should be at least half resolved.

If everything is negative on the microscope examination:
• **Encouragement and congratulations.**
• Complete **Lithotritia** (soft subgingival detatrage) of the third quadrant (the third one most affected by the disease) under local anesthesia with mandatory sonic or ultrasonic instruments and subsequently check with calculus detector for complete removal. Especially avoid the use of sharp curettes which would remove the cementum and prevent the re-attachment of the ligament fibers).
• **General supragingival scaling** for the rest of the mouth.
• **Teeth Polishing** using fine pumice mixed with 0.12% chlorhexidine.
• **Practice Hygiene** full mouth (dental floss, brushing with hydrogen peroxide 1% full mouth using Modified Bass with practitioner monitoring the application of Torrens powder)
• **Place MA Paste in the pockets or MK2 (if candidiasis) or MC paste** (if induced candidiasis) thin film or with a flat syringe into deepest sulci, aspirate excess and ask the patient to avoid rinsing for 20 minutes.
• **Talk about contamination possible sources** and make sure environment is taken care, otherwise give instructions to your patient (avoid direct and indirect contacts).
• **Prescription for the month:**
  - Maintenance regimen morning and night (flossing, brushing Bass modified 1% H2O2 and application of the Torrens powder with clean wet finger)

If the sample under a **microscope is positive**: postpone **litotititia**, give adequate medication, have control (session 7a) and then only do the planned lithotritia.

---

**Session 8** (a month later, normal duration 1 hour)
• Do the **Halimeter Test** with dental floss (quoting 1-5, it should be negative or 1 at this stage).

• **3 Biofilm samples** (the patient has not brushed or floss for 12 hours) (always take the same 3 deepest sites) and microscopic analysis with the presence and patient participation (there should be only coccis and filament at microscopy) Take good note with the patient of those 3 pocket depth diminution at this time and compare with initial. It should be mostly resolved.

• **Encouragement and congratulations.**

• Complete **Lithotritia** (soft subgingival detatrage) of the last quadrant (the least affected by the disease) under local anesthesia with mandatory sonic or ultrasonic instruments and subsequently check with calculus detector for complete removal. Especially avoid the use of sharp curettes which would remove the cementum and prevent the re-attachment of the ligament fibers.

• **General supragingival scaling** for the rest of the mouth.

• **Teeth Polishing** using fine pumice mixed with 0.12% chlorhexidine.

• **Practice Hygiene** full mouth (dental floss, brushing with hydrogen peroxide 1% full mouth using Modified Bass with practitioner monitoring the application of Torrens powder)

• **Place MA Paste in the pockets or MK2 (if candidiasis) or MC paste** (if induced candidiasis) thin film or with a flat syringe into deepest sulci, aspirate excess and ask the patient to avoid rinsing for 20 minutes.

  **Talk about contamination possible sources** and make sure environment is taken care, otherwise give instructions to your patient (avoid direct and indirect contacts).

• **Prescription for 3 months:**
  - Maintenance regimen once a day (flossing, brushing Bass modified 1% H2O2 and application of the Torrens powder with clean wet finger) and reintroduce tooth paste with fluoride or otherwise once in a day.

This is the right time to make prophylaxis because flora can now be a cariogenic flora type, monitor for root caries and avoid sweets. There may occasionally be a dentinal hypersensitivity and / or mild candidiasis in case of over-treatment. Handle with appropriate medications if appropriate. Salt of the Torrens powder may irritate bare root. Remove as needed and keep only the bicarbonate if this happen.

**If otherwise the sample under a microscope is positive**, it is necessary to investigate further, that is your role of doctor.

Otherwise prescribe a mixture of amoxicillin and metronidazole together or recheck using a bacterial PCR if A.a.

in case of difficulty It may be advisable to try:

- Localized laser therapy,
- Another technique,
- Check the scale detector if it does remain some subgingival calculus,
- Elysol of injection,
- Endodontics,
- Hemisection for molar too affected by bone loss,
- Traditional surgery.
- Betadine 10% gel (glycerin) with Coe Pack dressing for 48 hours

Also check the reinfection elements:
- Contaminated water carafe
- Travel in the tropics where parasites are common,
- Oral habits, proximity pets, new spouse etc.

**But these measures should be very exceptional, unless excessive mobility of the tooth does not allow for stopping the inflammation, which would generate a repetitive or permanent amoebiasis around the tooth, or an implant mucositis with the presence of permanent PMN would cause too many repetitive amoebiasis and promote progressive loss of implant.**

Vertical bone loss will reappear around healed teeth on the radiograph after some months and years.

This apparently will not be the case with dental implants as bone loss appears as a saucer shape, non-adequate for bone rebuild unless use of surgery, some added bone and well supported membrane, etc.
• Give the patient the assessment interview No. 3 to fill in the waiting room.
• Listen to the patient.
• Halimeter Testing with floss for 2 affected former sites.
• Usage control radiographs.
• Survey and complete periodontal charting (closing pockets should be 95 to 100% range, bleeding completely disappeared, presence of commensal flora, absence of PMN, some apparent recessions: this is normal due to past bone loss!). Tell the patient his score!
• Fill the Periodex and compare with the original results, measure and compare the excess of 3 mm periodontal pockets and note on the comparison result file. Pockets should be absent, otherwise continue from 3 months to 3 months to complete closure of the pockets.
• Congratulate patient for his success and do recommendations to avoid reinfection (spouse, direct contact, contaminated water, traveling in endemic tropical areas, pets).
• 3 Samples of biofilm (the patient has not brushed and floss for 12 hours) (always take the same sites) and analyze with the patient company on microscope. Make sure everything is negative microscopically.
• General detartrage whole mouth.
• Polish with extra fine pumice and Chlorhexidine 0.12%.
• Practice again Hygiene whole mouth (dental floss for the whole mouth and brushing with hydrogen peroxide 1% modified Bass method and application of the Torrens powder, spit excess).
• Determine the frequency of maintenance visits (usually every 3 months the first year and then every 6 months the following year if the patient is completely cured, but keep routine microscope prevention analyzes for life).
• Prescription until the next visit:
  Encourage them to continue the maintenance regimen once a day if the patient like it, if not, do the maintenance regiment at least 2 times a week, possibly for life.

If the sample under a microscope is positive. This can happen, but in a very localized area. If this is the case, processing locally. It can happen depending on the situation that we are obliged to also treat generally. Investigate and verify that everything was done rigorously and without compromise.

Session 10 Maintenance at 6 months (normally 1 hour)
• **Listen** to the patient.

• **Halimeter** Test with floss on two former sites.  
• **Periodontal Probing depths not yet closed** at the last appointment.

• **Congratulations** and recommendations to avoid reinfection,

• **3 Biofilm Sampling** (the patient has not brushed or floss for 12 hours) (always take the same deeper sites) and microscopically analyzed in the presence and collaboration of the patient. Ensure that the biofilm is always negative microscopically.

• **General Scaling** if necessary,

• **Polishing extra fine pumice** and chlorhexidine 0.12%

• **Practice Hygiene** whole mouth (flossing, brushing with hydrogen peroxide 1% Bass modified and application of the Torrens powder, spit excess).

• **Confirm the frequency of maintenance** and follow-up visits (usually every 3 months the first year and then every 6 months the following year if the patient is cured, but keep routine preventive microscope analyzes.

• **Prescription** until the next visit:  
  Encourage to continue the maintenance regimen once a day if the patient can, if not at least **2 times a week**.

If the sample under a microscope is positive, this can happen, but in a much localized area. If this is the case, process locally. It can happen depending on the situation that we are obliged to also treat generally.

**Investigate and verify that everything was done rigorously and without compromise or otherwise with excessive speed in the processing time, instead of the recommended protocol Periodontal Healing Bonner Dunoyé which should be completed in approximately 12 months. Reducing time of therapy reduce the result of healing in a proportional manner and has no real benefit for the patient.**
Topical Medication  
Description and Composition

Hydrogen Peroxide 1%

Brush twice daily during therapy and continue once daily for maintenance and at least 2 times a week after therapy.

1 Tetracycline Rinse

Add 5 g of tetracycline powder in 100ml 40% alcohol. Stir until the powder dissolves. Keep the solution in the refrigerator in an amber glass bottles overnight. Prepare 100ml for conservation purpose. Use 5 ml maximum of this mouthwash solution 3 times daily, or as the medical prescription for up to three weeks.

2 Pate MA

Topical 30g preparation 10% Metronidazole, with 3 finely crushed Nystatin tablets plus 10 drop of bitter orange or 2 ml oil of anise for flavor. Use BIOBASE hydrophilic excipient and polyethylene glycol and water soluble base. Do not use sweetener. Apply a thin layer on the gum three times a day without food during breaks for a month. Generally repeat two months. For the dentist, place in pockets at the end of therapy in the deepest pockets.
3 Pate MC

Topical 30g preparation 10% Metronidazole, with 9 finely crushed Nystatin tablets plus 10 drop of bitter orange or 2 ml oil of anise for flavor. Use BIOBASE hydrophilic excipient and polyethylene glycol and water soluble base. Do not use sweetener. Apply a thin layer on the gum three times a day without food during breaks for a month. Generally repeat two months. For the dentist, place in pockets at the end of therapy in the deepest pockets.

4 Pate MK2

Topical 30g preparation 10% Metronidazole, with 2% Ketoconazole plus 10 drop of bitter orange or 2 ml oil of anise for flavor. Use BIOBASE hydrophilic excipient and polyethylene glycol and water soluble base. Do not use sweetener. Apply a thin layer on the gum three times a day without food during breaks for a month. Generally repeat two months. For the dentist, place in pockets at the end of therapy in the deepest pockets.
PHPBD Treatment Summary
EXAMINATION
**First Periodontal examination:**

**Dr Dentist NAME**  
**Dental Surgeon**

---

### Periodontal Report

#### PATIENT NAME :  

**DATE :**

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bleeding</strong></td>
<td>Absent</td>
</tr>
<tr>
<td><strong>Tartar</strong></td>
<td>Absent</td>
</tr>
<tr>
<td><strong>Bone loss (visible at Xray)</strong></td>
<td>Absent</td>
</tr>
<tr>
<td><strong>Pocket Depth</strong></td>
<td>Absent</td>
</tr>
<tr>
<td><strong>Breath</strong></td>
<td>Normal</td>
</tr>
<tr>
<td><strong>Dental Mobilities</strong></td>
<td>None</td>
</tr>
</tbody>
</table>

---

**Number of teeth lost due to your periodontitis**

**How many and number of tooth to be extracted because of your periodontitis**

**How many and number of tooth on which there is a risk of loss**

---

**Examined tooth**  
**Pocket depth:**

<table>
<thead>
<tr>
<th>HEALTH</th>
<th>DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Absent</strong></td>
<td>Little present</td>
</tr>
<tr>
<td><strong>Cocci/Filaments</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Coccobacilli</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Leptotrichia</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Actinomyces/cocci</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bacterial motility</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Bacilli, vibrios</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Spirochetes</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Amoeba(Entamoeba gingivalis or other)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Trichomonas (tenax or other)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Candida</strong></td>
<td></td>
</tr>
<tr>
<td><strong>White cells</strong></td>
<td></td>
</tr>
</tbody>
</table>

---

**Comments:**

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**Address and office telephone number**

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**Page 38**
Sample questions for periodontal status:

PATIENT NAME:  DATE:

Reason for consultation

Disease was reported by the patient to the person who addresses

Disease was detected by the dentist (or the addressing person) and reported to the patient

Patient received a booklet  Read  Internet  Other

Have you recognized yourself:  No  Yes  Why:

What do you think about really happens:

Do you have concerns:

What do you think should be done to fix this:

What would you be willing to do to fix this:

Is there an urgency to your request:

Have you ever received periodontal treatment  Which  When

Did you had panoramic radiograph prescribed  Done  Posponed

Did you had prescription not to brush your teeth today  Respected

Have you taken antibiotics or other drugs recently

Why ?  Which one ?

Patient feels :  Bleeding  Pain  Cold sensivity  Abscess

Recession  Mobility  Migration  Bad breath

Overlapping teeth

COMMENTS:
TREATMENT PLANS
PERIODONTAL TREATMENT PLAN FOR Mr./Mrs. xxx YYY
Sir/Madam,

General examination of your mouth reveals periodontal disease resulting in loss of supporting tissues and general loosening of teeth. This disease is also known to increase many systemic health problems.

Your periodontitis has already caused loss of several of your teeth, others are to be extracted, but we can still save those whose mobility is not too important.

Parasites, bacteria, fungy, inflammatory cells and tartar in large quantity are present into the gingival sulcus.

Here is the treatment plan we propose:

We will clean your gum and eliminate parasites, fungy and bacteria with your exact personal periodontal treatment requirements.

We then will remove calculus with subgingival scaling (using delicate ultrasound machine).
PERIODONTAL DISEASES

Periodontitis is an infectious disease with or without the presence of tartar which affects 60% to 70% of adult population. Most common is the presence of pathogen bacteria, parasites and white blood inflammatory cells into the sulcus.

HOW TO RECOGNISE THE DISEASE

A healthy gingiva:
- Is «pale pink»
- The gum adheres tightly to the teeth
- There is no bleeding

Depending on the development of the disease, we find the following more or less pronounced signs:
- Spontaneous or upon brushing bleeding
- Gum inflammation
- Irritated, sensitive or painful gum
- Presence of bad taste or persistent bad breath
- Shrinkage of the gums: recessions
- Tooth mobility and displacement

Elements promoting the disease:
- Unsuitable brushing technic
- Faulty or deep fillings
- Malposition or missing teeth
- Contaminated environment, general diseases (diabete, ...)

IF WE DO NOTHING...

Little by little, and sometimes with no visible signs or pain, teeth supporting bone is destroyed as a result of parasites, bacteria and white blood cells presence, creating a pocket in which tartar builds up, maintaining inflammation and preventing the gums to reattach to the root.

Bone descending gradually, teeth start loosening and become increasingly mobile until they fall.
This process may be more or less rapid and may not be stopped without a personalized periodontal treatment.
PERIODONTAL DISEASE TREATMENT

This is to simultaneously treat the cause (bacteria and parasites) and consequences (tartar buildup).

1ST PHASE - DIAGNOSTIC

Thanks to the microbiological analysis, radiographs and clinical examination, we will assess the degree of your illness and establish an appropriate treatment plan.

2ND PHASE - ELIMINATE THE CAUSE: INFECTION

Using antiseptic and appropriate local or systemic antibiotics, we will eliminate pathogenic bacteria and parasites.

This phase will last several months and will be punctuated with monthly microbiological sampling to assess the progress of your flora and adjust your treatment.

3RD PHASE - ELIMINATE THE CONSEQUENCE: CALCULUS

With lithotripsy, we will remove tartar that has formed on and under your gums.

This technique allows the elimination of calculus accretion without damaging healthy tissues.

This phase will also take several months and will begin after the complete elimination of parasites and bacteria responsible for your illness.

4TH PHASE - ELIMINATE FACTORS FAVORISING DISEASE

Local factors may delay or prevent a successful treatment. So it will be important to do proper dental care (remove defective restorations, root canal retreatment, replacement of defective prosthesis, replacement of missing teeth, promote non-contaminating environment).

REGULAR MONITORING WILL HELP YOU AVOID REINFECTION
Cost of treatment

for Sir/Madam xxx YYY

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal treatment</td>
<td>$5000</td>
</tr>
<tr>
<td>Maintenance at 3 month</td>
<td>$350</td>
</tr>
<tr>
<td>Maintenance at 3 month</td>
<td>$350</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$5700</strong></td>
</tr>
</tbody>
</table>

Payment is due in three times: one third at signature, one third at 3 month, one third at sixt month.

Your financial agreement:

Patient signature:  
Dentist signature:

_Dentist Name, address and phone number_
Periodontal treatment include:

Complete periodontal status including:

- Detailed dental and medical questionnaire
- Full mouth radiography and photos
- Periodontal pocket measurement with 6 measure per tooth
- Measurement of dental mobility
- Reccessions measures
- Bleeding index
- Biofilm samples including microbial and inflammatory analysis,
- Breath evaluation.

For pathogenic microorganisms’ removal (bacteria, parasites, fungi...):

- 3 samples of your biofilmat each session with microscopic analysis
- Instructions for customized adapted brushing method plus in house practice for each session
- Local treatment disinfection
- Provisions and instruction on equipment needed for your disinfection (toothbrushes, proxabrushs dental floss, tongue scraper...)
- Applying local care at dental chair
- Treatment prescription (antiseptic, local antibiotic and/or generalised antibiotic) adapted to your microbiological analysis

Removal of excess supragingival calculus with:

- Ultrasonc scaling and polishing of tooth surfaces.

Subgingival removal of calculus with:

- Periodontal litotripsy sessions by sector

Personalized advices to avoid reinfection

Final end examination of your periodontal treatment success.

Dr YYY may not be able to provide further information and details, to date, about your treatment since it will depends on its evolution.

Dentist name, address and telephone number

Dr Dentist Name
Dental Surgeon
I ……………………………………………………………………………………………………

Certify having been informed by the practitioner Doctor:

1. That a periodontal treatment is necessary in my case.

2. That periodontal surgery would be possible and that I choose non-surgical treatment after the practitioner Doctor has informed me of the different options.

3. That success of these treatment depends on the change of the oral flora, tissue healing and my personal oral hygiene.

4. The need for special monitoring at the end of the treatment with minimal healing supervision at 3 months and 6 months.

5. Radiological examination revealed significant bone loss associated with tooth mobility type 1, 2 or 3 at the x y z teeth.

6. As patient I am informed of the risk of failure for the complete cessation of mobility and the possibility of loss of teeth cited above.

7. As patient I am informed of the possible gingival recessions (shrinkage of the gum) that could appear during the therapy due to bone loss already caused by the disease.

8. Lack of treatment can result in the following: tooth mobility, recessions or tooth loss.

Date and Signature:

Dentist name, address and phone number

Dr Dentist Name
Dental Surgeon
Your next appointments

The………………………………………………………at..............Hours, during.................................

The………………………………………………………at..............Hours, during.................................

The………………………………………………………at..............Hours, during.................................

The………………………………………………………at..............Hours, during.................................

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The………………………………………………………at..............Hours, during.................................

The………………………………………………………at..............Hours, during.................................

The………………………………………………………at..............Hours, during.................................

Dentist name, address and phone number

Dr Dentist Name
Dental Surgeon
GINGIVAL TREATMENT PLAN FOR

Mr./Mrs. xxx YYY

_Dentist name, address and phone number_

Dr Dentist Name
Dental Surgeon
Sir/Madam,

General examination of your mouth reveals a gingival disease that may result in periodontal disease responsible for loss of supporting bone structure around teeth.

Periodontal diseases are responsible for many general health problems.

Bacteria, inflammatory cells and calculus in large quantity are present into the gingival sulcus.

Here is the treatment plan we propose:

We will clean your gum and eliminate bacteria and inflammation with your exact personal periodontal treatment requirements.

We will remove calculus with supragingival scaling (using delicate ultrasound machine).

Dentist name, address and phone number

PERIODONTAL DISEASES

Periodontitis is an infectious disease with or without the presence of tartar which affects 60% to 70% of adult population. Most common is the presence of pathogen bacteria, parasites and white blood inflammatory cells into the sulcus.
HOW TO RECOGNISE THE DISEASE

A healthy gingiva:
- Is «pale pink»
- The gum adheres tightly to the teeth
- There is no bleeding

Depending on the development of the disease, we find the following more or less pronounced signs:
- Spontaneous or upon brushing bleeding
- Gum inflammation
- Irritated, sensitive or painful gum
- Presence of bad taste or persistent bad breath
- Shrinkage of the gums: recessions
- Tooth mobility and displacement

Elements promoting the disease:
- Unsuitable brushing technic
- Faulty or deep fillings
- Malposition or missing teeth
- Contaminated environment, general diseases (diabetes, ...)

IF WE DO NOTHING...

Little by little, and sometimes with no visible signs or pain, teeth supporting bone is destroyed as a result of parasites, bacteria and white blood cells presence, creating a pocket in which tartar builds up, maintaining inflammation and preventing the gums to reattach to the root.

Bone descending gradually, teeth start loosening and become increasingly mobile until they fall.

This process may be more or less rapid and may not be stopped without a personalized periodontal treatment.
PERIODONTAL-SYSTEMIC LINKS

DRAIN EMBOLISM
People with periodontitis are more at risk of cerebrovascular attacks.

RESPIRATORY INFECTIONS
Aspiration of pathogenic oral bacteria from the mouth or throat may cause pneumonia. Dental plaque may be an important source bacteria that can be inhaled and proceed to lungs.

CARDIAC DISORDERS
People with periodontitis are more at risk of suffering fatal heart attacks.
They are also more prone to different cardiovascular disease.
Oral bacteria may be responsible for clots that slow vessels.

OSTEOPOROSIS
The reduction of bone mass (osteoporosis) is now associated with periodontal disease.
The severity of this disease seems closely connected to tooth loss in postmenopausal women.

UNCONTROLLED DIABETES
Periodontitis can interfere with glucose control.
Diabetes contributes to the development of periodontal disease.
Diabetic patients accumulate the possibility of tooth loss by a factor of 20 times the standard.

PREMATURE BIKES AND/LOW WEIGHT
Women with periodontitis are up to 7.5 times more likely to give birth to a preterm or underweight baby.
Oral bacteria have the potential to cross the placental barrier and expose the fetus to infections.

Dr Dentist Name
Dental Surgeon
# Cost of treatment

for Sir/Madam xxx YYY

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gingival treatment</td>
<td>$3000</td>
</tr>
<tr>
<td>Maintenance at 3 month</td>
<td>$250</td>
</tr>
<tr>
<td>Maintenance at 3 month</td>
<td>$250</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$3500</strong></td>
</tr>
</tbody>
</table>

Payment is due in three times: one third at signature, one third at 2 month, one third at 4 month.

Your financial agreement:

Patient signature: ___________________________  
Dentist signature: ___________________________

_Dentist Name, address and phone number_

___

Dr Dentist Name  
Dental Surgeon  

Gingival treatment include:
Complete periodontal status including:

- Detailed dental and medical questionnaire
- Full mouth radiography and photos
- Periodontal pocket measurement with 6 measure per tooth
- Measurement of dental mobility
- Recessions measures
- Bleeding index
- Biofilm samples including microbial and inflammatory analysis,
- Breath evaluation.

For pathogenic microorganisms removal (bacteria, parasites, fungi...):

- 3 samples of your biofilm at each session with microscopic analysis
- Instructions for customized adapted brushing method plus in house practice for each session
- Local treatment disinfection
- Provisions and instruction on equipment needed for your disinfection (toothbrushes, proxabrushs dental floss, tongue scraper...)
- Applying local care at dental chair
- Treatment prescription (antiseptic, local antibiotic and/or generalised antibiotic) adapted to your microbiological analysis

Removal of excess supragingival calculus with:

- Ultrasonic scaling and polishing of tooth surfaces.

Personalized advices to avoid reinfection

Final end examination of your periodontal treatment success.

Dr YYY may not be able to provide further information and details, to date, about your treatment since it will depends on its evolution.

Dentist name, address and telephone number

Dr Dentist Name
Dental Surgeon

Your next appointments
The……………………………………………………... at ............ Hours, during ....................

The……………………………………………………... at ............ Hours, during ....................

The……………………………………………………... at ............ Hours, during ....................

The……………………………………………………... at ............ Hours, during ....................

The……………………………………………………... at ............ Hours, during ....................

The……………………………………………………... at ............ Hours, during ....................

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The……………………………………………………... at ............ Hours, during ....................

The……………………………………………………... at ............ Hours, during ....................

The……………………………………………………... at ............ Hours, during ....................

Dentist name, address and phone number

Dr Dentist Name
Dental Surgeon

HYDROGEN PEROXIDE 1%
1) **You will not need the following:**
Toothpaste (it promotes the growth of bacteria on your brush)

2) **You will need this:**
1- Toothbrush
2- Hydrogen Peroxide 10 volumes **
3- Small container, water and a washbasin

3) **Twice daily**
1- Mix ** dilute hydrogen peroxide with water.
2- Dip your brush in this mixture and apply to the gums and teeth brushing using the method specified by your dentist.
3- Rinse your brush under running water and repeat these steps for the top teeth and bottom, inside and outside.
4- Rinse with the remaining solution, and nothing else.

** Hydrogen Peroxide (Anti-plaque, antiseptic)
Get oxygenated water in the form of 3% (10 volumes). Add 2 parts water to 1 part of hydrogen peroxide.
Make this dilution every time you use hydrogen peroxide.
Do not prepare quantities in advance.
Hydrogen peroxide strength decreases with time when the bottle was opened. Also, pick up small containers, you will change regularly. Judge its effectiveness.

Use a soft brush.
It is better to use your brush quickly, rather than your gum!

If you have a microscopic control expected, do not brush your teeth the day of your appointment; avoid fruit, fruit juice and salt.

_Dentist name, address and phone number_
VALIDATION APPOINTMENT

Dr Dentist Name
Dental Surgeon
I…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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I ………………………………………………………………………………………………..

Certifies after having been informed by Dr. Dentist Name that:

1. I choose not to perform the non-surgical treatment proposed, having been informed by the doctor Dentist NAME of my disease, its consequences and the various treatment options.

2. I have received a resume of my periodontal status, citing all visible clinical signs that day.

3. Radiological examination revealed significant bone loss associated with tooth mobility type 2 or 3 at the ...... or teeth ...............

4. I am conscious of the risk of teeth loss of those cited above.

5. I am aware that I should not continue my brushing with hydrogen peroxide without medical supervision.

6. I am informed that even if my disease progresses I can start therapy later.

Date and Signature:

To be sign

Modify upon situation
Cost of treatment
for Sir/Madam xxx YYY

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>COST</th>
</tr>
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<tr>
<td>Periodontal treatment</td>
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<td>$350</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$5700</strong></td>
</tr>
</tbody>
</table>

Payment is due in three times: one third at signature, one third at 3 month, one third at sixt month.

Your financial agreement:

**Patient signature:**

**Dentist signature:**

*Dr Dentist Name, address and phone number*
Cost of treatment
for Sir/Madam xxx YYY

<table>
<thead>
<tr>
<th>DESIGNATION</th>
<th>COST</th>
</tr>
</thead>
<tbody>
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<td>Gingival treatment</td>
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</tr>
<tr>
<td>Maintenance at 3 month</td>
<td>$250</td>
</tr>
<tr>
<td>Maintenance at 3 month</td>
<td>$250</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$3500</strong></td>
</tr>
</tbody>
</table>

Payment is due in three times: one third at signature, one third at 2 month, one third at 4 month.

Your financial agreement:

**To be signed**

Patient signature:  

Dentist signature:

_in general think of 6 hours dentist chair time_

_Dentist Name, address and phone number_

Dr Dentist Name  
Dental Surgeon

_Financial agreement of_
Mr/Ms xxx YYY

Amount to be paid:

First payment date........ amount................
Second payment date........ amount................
Third payment date......... amount................
4th payment date........... amount................
5th payment date........... amount................
6th payment date........... amount................
7th payment date........... amount................
8th payment date........... amount................
9th payment date........... amount................
10th payment date.......... amount................

I understand this financial agreement suits my choice spreading the payment of my treatment and that it is not necessarily related to acts performed at each appointment. I will receive each appointment codes of acts performed for any claims insurance.

I'm also aware that at the end of my treatment, I would receive the equivalent codes for my insurance of the amount I have paid for my treatment.

Date and patient signature                          Date and Dentist signature

Dentist address and phone number

Appointment 1 to 8
Appointment 1
**Patient checklist file:**

**Patient Name:**

Be in relation with patient ... listen to him... (sometimes people around do not support with biofilm theory; give necessary materiel and textual support) very important!

<table>
<thead>
<tr>
<th>First visit</th>
<th>Date</th>
<th>Samples on teeth no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photo + Halimetre (patient smells floss)</td>
<td></td>
<td>o + + ++ +++</td>
</tr>
<tr>
<td>Complete perio charting if not/pocket, reces., bleeding p</td>
<td></td>
<td>Cocci</td>
</tr>
<tr>
<td>3 deepest samples biofilm, share with patient</td>
<td></td>
<td>Filaments</td>
</tr>
<tr>
<td>Fill périodex document</td>
<td></td>
<td>Spirochetes</td>
</tr>
<tr>
<td>Hygiene demo and practice Bass modifed H2O2 1%</td>
<td></td>
<td>Motility</td>
</tr>
<tr>
<td>Prescription : Maintenance regimen H2O2 + PT</td>
<td></td>
<td>White cells</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amibae</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trichomonas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fungi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Halimetre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others:</td>
</tr>
</tbody>
</table>

**Second visit Date:**

If no bleeding do Third visit two times. Otherwise :

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Complete photo, chart and périodex</td>
<td></td>
<td>Cocci</td>
</tr>
<tr>
<td>Halimetre with floss</td>
<td></td>
<td>Filaments</td>
</tr>
<tr>
<td>3 deepest samples biofilm, share with patient</td>
<td></td>
<td>Spirochetes</td>
</tr>
<tr>
<td>Congratulate patient for his effort</td>
<td></td>
<td>Motility</td>
</tr>
<tr>
<td>Revise and practice floss and Bass mod</td>
<td></td>
<td>White cells</td>
</tr>
<tr>
<td>Talk about contamination, ask to see entourage</td>
<td></td>
<td>Amibae</td>
</tr>
<tr>
<td>Prescription : Maintenance regimen H2O21%+ PT</td>
<td></td>
<td>Trichomonas</td>
</tr>
<tr>
<td>Teracycline rince 5ml 3 times a day 3 weeks</td>
<td></td>
<td>Fungi</td>
</tr>
<tr>
<td>(if bleeding persist, and watch for candidosis)</td>
<td></td>
<td>Bleeding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Halimetre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others:</td>
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</tbody>
</table>

**Third visit Date:**

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Halimetre with floss</td>
<td></td>
<td>Cocci</td>
</tr>
<tr>
<td>3 deepest samples biofilm, share with patient</td>
<td></td>
<td>Filaments</td>
</tr>
<tr>
<td>Congratulate patient for his effort</td>
<td></td>
<td>Spirochetes</td>
</tr>
<tr>
<td>Talk about contamination, ask to see entourage</td>
<td></td>
<td>Motility</td>
</tr>
<tr>
<td>Photo</td>
<td></td>
<td>White cells</td>
</tr>
<tr>
<td>Remove supra calculus + Prophy (lab pumice + Chlorexi)</td>
<td></td>
<td>Amibae</td>
</tr>
<tr>
<td>Revise and practice floss and Bass mod all teeth</td>
<td></td>
<td>Trichomonas</td>
</tr>
<tr>
<td>Place MA, MC or MK2 in deep pockets</td>
<td></td>
<td>Fungi</td>
</tr>
<tr>
<td>Prescription : Maintenance regimen H2O21%+ PT</td>
<td></td>
<td>Bleeding</td>
</tr>
<tr>
<td>Stop Tetracycline rince</td>
<td></td>
<td>Halimetre</td>
</tr>
<tr>
<td>(just a tiny amount)</td>
<td></td>
<td>Others:</td>
</tr>
</tbody>
</table>

**4th visit Date:**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>o + + ++ +++</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halimetre with floss</td>
<td></td>
<td>Cocci</td>
</tr>
<tr>
<td>3 deepest samples biofilm, share with patient</td>
<td></td>
<td>Filaments</td>
</tr>
<tr>
<td>Congratulate patient for his effort and results</td>
<td></td>
<td>Spirochetes</td>
</tr>
<tr>
<td>Remove supra calculus + Prophy (lab pumice + Chlorexi)</td>
<td></td>
<td>Motility</td>
</tr>
<tr>
<td>Revise and practice floss and Bass mod all teeth</td>
<td></td>
<td>White cells</td>
</tr>
<tr>
<td>Place MA, MC or MK2 in deep pockets</td>
<td></td>
<td>Amibae</td>
</tr>
<tr>
<td>Prescription : Maintenance regimen H2O21%+ PT</td>
<td></td>
<td>Trichomonas</td>
</tr>
<tr>
<td>Talk about contamination, ask to see entourage</td>
<td></td>
<td>Fungi</td>
</tr>
<tr>
<td>Prescribe MA, MC or MK2 Paste (3 times a day)</td>
<td></td>
<td>Bleeding</td>
</tr>
<tr>
<td>(no alcohol, antabuse effect)</td>
<td></td>
<td>Halimetre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others:</td>
</tr>
<tr>
<td>Patient Name:</td>
<td></td>
<td></td>
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<tr>
<td>---------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td><strong>5th visit</strong></td>
<td><strong>Date:</strong></td>
<td></td>
</tr>
<tr>
<td>Halimetre with floss</td>
<td>o - + + + + +</td>
<td></td>
</tr>
<tr>
<td>3 deepest samples biofilm, share with patient</td>
<td>Cocci</td>
<td></td>
</tr>
<tr>
<td>Congratulate patient for his effort</td>
<td>Filaments</td>
<td></td>
</tr>
<tr>
<td>Anest; remove sub ging calculus first worst Qd</td>
<td>Spirochetes</td>
<td></td>
</tr>
<tr>
<td>Remove supra calculus + Prophy (lab pumice + Chlor)</td>
<td>Motility</td>
<td></td>
</tr>
<tr>
<td>Review and practice floss and Bass mod all teeth</td>
<td>White cells</td>
<td></td>
</tr>
<tr>
<td>Place MA, MC or MK2 in deep pockets</td>
<td>Amibae</td>
<td></td>
</tr>
<tr>
<td>Talk about contamination, entourage has come</td>
<td>Trichomonas</td>
<td></td>
</tr>
<tr>
<td>Photo</td>
<td>Fungi</td>
<td></td>
</tr>
<tr>
<td>Prescription: Maintenance regimen H2O21% + PT continue MA paste 3 times a day</td>
<td>Halimetre</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Others:</td>
<td></td>
</tr>
</tbody>
</table>

| **6th visit** | **Date:** |
| Halimetre with floss | o - + + + + + |
| 3 deepest samples biofilm, share with patient | Cocci |
| Congratulate patient for his effort | Filaments |
| Anest; remove sub ging calculus 2th worst Qd | Spirochetes |
| Remove supra calculus + Prophy (lab pumice + Chlor) | Motility |
| Review and practice floss and Bass mod all teeth | White cells |
| Place MA, MC or MK2 in deep pockets | Amibae |
| Talk about contamination, entourage has come | Trichomonas |
| Prescription: Maintenance regimen H2O21% + PT | Fungi |
| Stop MA paste | Bleeding |
| Biofilm should be cocci plus filaments | Halimetre |
| | Others: |

| **7th visit** | **Date:** |
| Halimetre with floss | o - + + + + + |
| 3 deepest samples biofilm, share with patient | Cocci |
| Congratulate patient for his effort | Filaments |
| Anest; remove sub ging calculus 3th worst Qd | Spirochetes |
| Remove supra calculus + Prophy (lab pumice + Chlor) | Motility |
| Review and practice floss and Bass mod all teeth | White cells |
| Place MA, MC or MK2 in deep pockets | Amibae |
| Talk about contamination, entourage has come | Trichomonas |
| Prescription: Maintenance regimen H2O21% + PT | Fungi |
| Biofilm should be cocci plus filaments | Halimetre |
| | Others: |

| **8th visit** | **Date:** |
| Halimetre with floss | o - + + + + + |
| 3 deepest samples biofilm, share with patient | Cocci |
| Congratulate patient for his effort | Filaments |
| Anest; remove sub ging calculus 4th worst Qd | Spirochetes |
| Remove supra calculus + Prophy (lab pumice + Chlor) | Motility |
| Review and practice floss and Bass mod all teeth | White cells |
| Place MA, MC or MK2 in deep pockets | Amibae |
| Talk about contamination, entourage has come | Trichomonas |
| continue Maintenance regimen H2O21% + PT once a day | Fungi |
| | Bleeding |
| Biofilm is cocci plus filaments only (health) | Halimetre |
| Give tooth paste with flour once a day | Others: |
**Periodontal Chart:**

<table>
<thead>
<tr>
<th>Periodontal Condition</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposed Root</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mucogingival Attachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachement Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bone Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fistula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Periodex**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical care</td>
<td></td>
</tr>
<tr>
<td>Digestive system</td>
<td></td>
</tr>
<tr>
<td>Heart</td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td></td>
</tr>
<tr>
<td>Blood disorder</td>
<td></td>
</tr>
<tr>
<td>Genetics</td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td></td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td></td>
</tr>
</tbody>
</table>

**Periodex Evaluation**

Your results are indicated by a mark in each category. The lower your score, better your results are. Compare your progress. Your score reflects my clinical opinion.

<table>
<thead>
<tr>
<th></th>
<th>Excellent 1</th>
<th>Acceptable 2</th>
<th>Medium 3</th>
<th>Low 4</th>
<th>Poor 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene (debris)</td>
<td>ex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local factors</td>
<td>ex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systemic factors</td>
<td>ex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental factors</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Plaque</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal pockets</td>
<td>1 and 2</td>
<td>2 and 3</td>
<td>[ ]4</td>
<td>[ ]5-6</td>
<td>[ ]7+</td>
</tr>
<tr>
<td>Inflammation</td>
<td>none</td>
<td>minor</td>
<td>loc</td>
<td>abond</td>
<td>gene</td>
</tr>
<tr>
<td>Dental mobility</td>
<td>0</td>
<td>0+</td>
<td>[ ]I</td>
<td>[ ]II</td>
<td>[ ]III</td>
</tr>
<tr>
<td>Abcess and pain</td>
<td>no</td>
<td>pain</td>
<td>pain+</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocccobacilli</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leptotrichia</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actinomyces/cocci</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial motility</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacilli, vibrios</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirochetes</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ent. Gingivalis *5</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomonas tenax *</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candida *5</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White blood cells *5</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>total:</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td></td>
<td>+</td>
</tr>
</tbody>
</table>

**Prior results:**

**Current results:**

**DIAGNOSTIC:**

**Treatment:**

**Prognostic**
Questionnaire to complete PERIODEX

Is patient under medical care or was?
How is digestion

Review of systems __________________________ Arthritis, lungs, kidneys, liver, thyroid, fatigue, depression, central nervous system, diabetes?
Do you have allergies? __________________________ Which one?
Do you take medication? __________________________ Which one?

How periodontally is your close family ... your immediate entourage? __________ Have you lost teeth? __________
Are you at risk of contamination with close contacts? __________

How is the water you drink? __________

Do you travel? Where __________ including tropics? __________
Do you have pets? __________ Especially dog? ____ How old? __________

Does food get stuck between your teeth? __________ Where? __________

What are local factors that would produce inflammation? __________ Where?

How is brushing? __________

How his patient breath? __________ His description? __________ Dr. description? __________

How many teeth have mobility I? __________ Which one?

Mobility II? __________________________ Mobility III?

Is there gum inflammation? None? __________ If present what degree? __________

How many teeth have 4 mm (beginning) pockets? __________________________ 5 or 6 mm (medium)? __________

7mm and worst (advanced)? __________

PCR results DNA bacterial test (Padotest, Périoanalyse, etc.) on his condition? __________

Is abscess present and if so where? __________ Is it painful? __________

What does microscopy reveal in the three deepest pockets (if no pockets, between interproximal papilla)?

Are there coccii? ____ Epithelial cells? ____ Tiny cocobacillae moving quickly?

Leptotricia (ball of wool like)? ____ Many? ______

Actinomyces filaments and coccii (corn cob appearance)? , many? __________

Is there tartar? __________ Supragingival? Subgingival?

Are there motile bacteria? __________ What forms? __________ Bacilli? Vibrios?

Spirochete forms? __________ small ones long ones agitated?

Did you see amoebae? __________ Digesting PMN nuclei? __________ Active phagocytosis?

Are trichomonas present? __________ Pear shape (tenax) Big balloon shape?

Do you see candida albicans form?

Does biofilm present neutrophils, macrophages or monocytes? __________ How many?

What does radiograph reveal? Bone loss? __________ Vertical defects? __________ Horizontal?

Is lamina dura present? __________

What is your diagnosis? __________ Health? __________ Gingivitis? __________


Chronic? __________ Aggressive? __________

What is the paradox number result? 15 to 35 (health) __________ +35 (gingivitis) __________ +70 (beginning periodontitis) __________ +100 (medium periodontitis) __________ +150 (advanced periodontitis) __________


Have you reviewed periodontitis brochure and discussed treatment options with patient?

Discussed controversies about causative agent? __________ Given written information about periodontitis __________

Informed of Internet films and videos? __________

From this review, what would be the treatment you suggest to the patient?

______________________________________________________________________________________________

______________________________________________________________________________________________

Have you read the informed consent? __________ What is patient reaction? __________

Consider a moment for reflection? __________
INSTRUCTIONS FOR PREVENTIVE PROGRAM

1) You will not need the following:
Toothpaste (it does not prevent the growth of bacteria on your brush)

2) You will need:
1- Toothbrush (change it every week because it becomes infected by plaque germs)
2- Torrens Powder *
3- Hydrogen Peroxide 10 volumes **
4- Small glass or porcelain container
5- Water and sink

3) Twice a day (preferably morning and evening after meals)
1- Mix ** dilute hydrogen peroxide with water in a small container.
2- Dip your brush in this mixture and brush your gum and teeth using the method described by Dr.
3- Rinse your brush under running water and repeat these steps for the top teeth and bottom, inside and outside.
4- Rinse with the remaining solution, and nothing else.

4) Twice a day (preferably morning and evening after brushing)
1- After washing hands, apply Torrens powder* with wet finger, generously on the line at the top and bottom gums, inside and outside. Spit the excess (do not brush with).
2- Keep the residue longest as possible (avoid eating, drinking or washing for 20 minutes).

5) After every other meal and snack
1- Rinse your mouth thoroughly with water or some unsweetened liquid you drink.
2- Floss if necessary to remove food debris.

Dentist address and phone number

Dr Dentist Name
Dental Surgeon
**Products for preventive program**

* Torrens Powder (For tissue conditioning)*

Mix in the dry mixer for 1 minute, 6 parts of baking soda with 1 part of fine table salt.
Keep in a closed container. Place this powder on the gum line. Do not brush with it, just tap!

**Hydrogen Peroxide (Anti-plaque, antiseptic)**

Get oxygenated water in the form of 3% (10 volumes). Add 2 parts water to 1 part of hydrogen peroxide.
Make this dilution every time you use hydrogen peroxide. Do not prepare quantities in advance.
Hydrogen peroxide strength decreases with time when the bottle is opened. Also, pick up small containers and change regularly. Judge for its effectiveness.

Continue this process until target germs have been eliminated.

**Use a soft brush.**
It is better to use your brush quickly than use your gum!

If you have a microscopic control planned, do not brush your teeth the day of your appointment; also avoid fruits, lemon juice and salt. You will have time to do your hygiene care in the office.

*Dentist name, address and phone number*

Dr Dentist Name
Dental Surgeon

*NO SALT INSTRUCTIONS FOR PREVENTIVE PROGRAMME*
1) You will not need the following:  
Toothpaste (it does not prevent the growth of bacteria on your brush)

2) You will need:  
1- Toothbrush (change it every week because it becomes infected by plaque germs)  
2- Sodium Bicarbonate powder  
3- Hydrogen Peroxide 10 volumes **  
4- Small glass or porcelain container  
5- Water and sink

3) Twice a day (preferably morning and evening after meals)  
1- Mix ** dilute hydrogen peroxide with water in a small container.  
2- Dip your brush in this mixture and brush your gum and teeth using the method described by Dr.  
3- Rinse your brush under running water and repeat these steps for the top teeth and bottom, inside and outside.  
4- Rinse with the remaining solution, and nothing else.

4) Twice a day (preferably morning and evening after brushing)  
1- After washing hands, apply sodium bicarbonate powder* with wet finger, generously on the line at the top and bottom gums, inside and outside. Spit the excess (do not brush with).  
2- Keep the residue longest as possible (avoid eating, drinking or washing for 20 minutes).

5) After every other meal and snack  
1- Rinse your mouth thoroughly with water or some unsweetened liquid you drink.  
2- Floss if necessary to remove food debris.

Dentist address and phone number

Dr Dentist Name  
Dental Surgeon

No Salt Products for preventive program
* Sodium Bicarbonate powder  (For tissue conditioning)

Baking Soda is a mild antiseptic that kills parasites, fungi and mold. Keep in a closed container. Place this powder on the gum line. Do not brush with it, just tap! Spit out the excess.

** Hydrogen Peroxide (Anti-plaque, antiseptic)
Get oxygenated water in the form of 3% (10 volumes). Add 2 parts water to 1 part of hydrogen peroxide. Make this dilution every time you use hydrogen peroxide. Do not prepare quantities in advance. Hydrogen peroxide strength decreases with time when the bottle is opened. Also, pick up small containers and change regularly. Judge for its effectiveness.

Continue this process until target germs have been eliminated.

Use a soft brush.
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If you have a microscopic control planned, do not brush your teeth the day of your appointment; also avoid fruits, lemon juice and salt. You will have time to do your hygiene care in the office.

---

** Dentist address and phone number **

Dr Dentist Name  
Dental Surgeon

---

MÉTRONIDAZOLE

** TIPS**:

- Metronidazole should be taken for the prescribed continuous, uninterrupted period.

- These tablets should always be taken with milk or with food.
During treatment plus one day you should not drink alcohol in all forms (drinks, alcoholic desserts, medicines for cough ...)

Some possible side effects are similar to flu symptoms such as tongue staining, dry mouth, headache, loss of spatial orientation and possibly nausea.

During treatment to eliminate your parasites, most side effects you may experience are not due to your medication, but from release of toxins in these pathogen we are trying to destroy.

These symptoms may be reduced by drinking plenty of fluids especially rich in vitamin C and taking aspirin or other, if necessary.

Important - if rash (redness of the skin) appears, stop your treatment and contact the dental clinic.

Caution - People with one or more of the following conditions should not take Metronidazole:

- Pregnant or lactating women
- People with severe anemia, leukemia or other blood disorder
- People taking anticoagulants (adjust clotting), lithium.

Do not hesitate to contact the office for any concerns or if you have another problem.

_Dentist name, address and phone number_

**HYGIENE DISCUSSION DURING DEMONSTRATIONS**

After drawing periodontal breakdown and bone loss to the patient, give all the necessary explanations and show him what could be a bad brushing technic. Also ask the following questions:

Tell me, in what way you brush your teeth?
Or how do you use your toothbrush? ____________________________

Do you use other hygiene tools: yes or no

Proxabrush _______
Dental Floss _______
Normal toothbrush _______
Electric tooth brush
Tongue Scraper
Other (specify)

How often do you use it?
Answering options: 1 (never); 2 (rarely); 3 (a few times per week);
4 (1 time per day - specify whether morning or evening); 5 (2 times a day); 6 (3 times daily)

Proxabrush
Dental Floss
Normal toothbrush
Electric tooth brush
Tongue Scraper
Other (specify)

Are there sensitive areas in your mouth?

________________________________________________________

Are there area in your mouth where you have difficulty using these tools?

________________________________________________________

Are there area where your gums bleed?

________________________________________________________

At each session, ask the patient if he had problems with the use of prescribed products or tools.
Have you had any problems with the use of the following disinfectants? Yes or no
If so, can you clarify the problem:
Hydrogen Peroxyde
Paste
Antibiotic
Toothbrush
Proxabrush
Dental floss
Tetrarinse
Torrens Powder

Hygiene follow up:
Appointement 2
Microbiological analysis of microbes in your plate around your teeth found this among other parasites.

The observed parasites are transmitted by contamination during either direct or indirect contact with other people infected with these parasites, or with animals, but among other things, tap water, water jug and vegetables or raw fruit that were washed with contaminated water (in hot countries in particular).

We are going throughout your treatment, try it with you to understand and above all, avoid all sources of contamination.

That's why we ask you to please read carefully and fill out the form below.

1- Does your spouse present periodontal problems? YES NO

2- Does your spouse has already consulted for periodontal problems? YES NO
   If YES? When? ______________________ If NO Why?
   _______________________________________________________________________

3- Did your spouse had a microbiological examination? YES NO
   If YES? When? ______________________ If NO Why?
   _______________________________________________________________________

4- Do other people in your life with whom you have direct or indirect contact (you drink from the same bottle, share meals, kisses etc ...) have periodontal problems? YES NO

5- Have they ever consulted for periodontal problems? YES NO
If YES? When? ______________________ If NO Why?
________________________________________________________________________

6- Did you know that your environment can be direct or indirect source of contamination in periodontal disease? YES NO

7 - Do you have any pets? YES NO
If YES what kind? _________________ Number and how old are they? _________________

8- Are you in contact with farm animals (horses or other)? YES NO
If YES what kind? _________________ Number and how old? _________________

9- Have you changed your old toothbrush? YES NO

10- How often do you change? ________________________________________

11- Do you share your toothbrush with others? YES NO

12 - Do you share your toothpaste with others? YES NO

13 - Do you share your cups, glasses, plates, or other? YES NO
   - At home? YES NO
   - At work? YES NO
   - Other? YES NO

14- Do you share your water bottles or other? YES NO
   - At home? YES NO
   - At work? YES NO
   - During your sports or other activities? YES NO

15- Do you have a dishwasher? At home? YES NO At work? YES NO Other? YES NO

16- If NO, how do you decontaminate your cutlery, cups, plates, glasses, etc.? ?

17- Do you work or go regularly in a public area? YES NO

Hospital? YES NO
School? YES NO
Daycare? YES NO
Restaurant? YES NO
Residence for the elderly? YES NO
Sports center? YES NO
Other? YES NO

18- Did you travel abroad? YES NO
If yes where and when?

______________________________________________________________________________

______________________________________________________________________________

If traveling in tropical countries:

19- Do you eat raw fruits and vegetables while you travel? YES NO
20- Do you drink tap water while you travel? YES NO
21- You brush your teeth with tap water while you travel? YES NO
22- You shower with open mouth during your travel? YES NO
23- Where does the water comes from your tap (the city, a well, other):

______________________________________________________________________________

It is important to take the time to wonder about the possible sources of contamination in periodontal disease.

By taking the necessary measures, it will avoid contaminate yourself, you contaminate yourself again or contaminate a person close to you.

A tight healthy gums is also an excellent barrier to contamination.

So be reassured (e) at the end of your treatment, when your gums are healed, even if you have to keep some vigilance, many of those measures taken during your therapy will not be necessary.

Date and signature:

Dentist address and phone number

Dr Dentist Name
Dental Surgeon

TETRACYCLINE Rinse
You will need:

- 3 x 100 ml of alcohol at 40 °.
- 3 bottles of tetracycline powder (1 capsule per 5cc).

INSTRUCTIONS

- Add 100 ml of alcohol at 40 ° in a bottle of tetracycline powder.
- Shake.
- Keep the solution in the refrigerator preferably (at least at night).

USE

1. Three times a day for 3 weeks away of meal:
   - at least 1 hour minimum (and no maximum) away of your Hydrogen Peroxide brushing and application of the Torrens powder.
   - Rinse your mouth with 1 teaspoon (5ml) of tétracycline rinse for 1 minute if possible.

2. VERY IMPORTANT, each week:
   Discard the rest of the preparation and prepare a new 100 ml solution of product as described above.

Do not use this mouthwash, the day of your appointment, if you have a microscopic examination planned.

This product may cause discoloration of the tongue and teeth. (This is normal, as is the strong and bitter taste). We advise you to use a tongue scraper to minimize discoloration of the tongue. Stains on the teeth will be removed by polishing on your next appointment.

Do not hesitate to contact our office for any concerns or if you have another problem.

Dentist name, address and phone number

Dr Dentist Name
Dental Surgeon
PASTE TO USE ON YOUR GUM (MA or MC or Mk2)

USE

Three times a day:

• Away of your brushing with Hydrogen Peroxide and the application of Torrens powder (minimum 1 hour)

• Ex (11:00 a.m - 3:00 p.m. - 06:00 or 08:00 p.m.).

• In between meals

• Take the equivalent of a lens or peppercorn paste maximum.

• Apply at the junction gum/teeth with your clean finger.

• Do not rinse for 20 minutes if possible;

• Keep the tube in a cool place, if possible in a refrigerator (at least at night).

Do not use the day of your appointment, if you have a microscopic examination planned.

This product may have a strong and bitter taste. It can also cause gagging if the amount used exceeds the equivalent of a lens or peppercorn.

Do not hesitate to contact the office for any concerns or if you have another problem.

Dentist Address and phone number
APPOINTMENT 3
- How do you live your daily periodontal treatment? 
..........................................................................................................................................................................................................
..........................................................................................................................................................................................................

- What do you think of the time spent to achieve your health care? 
..........................................................................................................................................................................................................
..........................................................................................................................................................................................................

- How bearing are disinfectants? 
..........................................................................................................................................................................................................
..........................................................................................................................................................................................................

- Have you noticed any side effects? 
..........................................................................................................................................................................................................
..........................................................................................................................................................................................................

- What do you think of hygiene instruments that you have available? (dental floss, dental floss threader, toothbrushes, tongue scraper etc) 
..........................................................................................................................................................................................................
..........................................................................................................................................................................................................

- What changes you have noticed:
   - At breath level.................................................................
   - Color of the gum? ..........................................................
   - Bleeding if it did? .........................................................
   - Height of the gum, has it retracted? ..............................
   - Do you feel cold sensitivity and / or warm? ......................
   - Do you feel sensitivity when eating? ..............................

HEALTH CARE IN DENTAL OFFICE :
- What do you think of these sessions?

- Is it important to you?

- Can you easily replicate at home instructions at these meetings?

- Do you have any suggestions?

- Does the use of microscope allows you to understand periodontal disease and the path to healing?

- Have we given you sufficient explanation on how you can get periodontal disease?
  - about contamination: ...........................................................
  - on what to do not infect you again:

COMMENTS:

Dentist Address and phone number

Dr Dentist Name
Dental Surgeon
PASTE TO USE ON YOUR GUM (MA or MC or Mk2)

USE

Three times a day:

• Away of your brushing with Hydrogen Peroxide and the application of Torrens powder (minimum 1 hour)

• Ex (11:00 a.m - 3:00 p.m. - 06:00 or 08:00 p.m.).

• In between meals

• Take the equivalent of a lens or peppercorn paste maximum.

• Apply at the junction gum/teeth with your clean finger.

• Do not rinse for 20 minutes if possible;

• Keep the tube in a cool place, if possible in a refrigerator (at least at night).

Do not use the day of your appointment, if you have a microscopic examination planned.

This product may have a strong and bitter taste. It can also cause gagging if the amount used exceeds the equivalent of a lens or peppercorn.

Do not hesitate to contact the office for any concerns or if you have another problem.

Dentist Name, address and phone number
TIPS:

- Metronidazole should be taken for the prescribed continuous, uninterrupted period.

- These tablets should always be taken with milk or with food.

- During treatment plus one day you should not drink alcohol in all forms (drinks, alcoholic desserts, medicines for cough ...)

- Some possible side effects are similar to flu symptoms such as tongue staining, dry mouth, headache, loss of spatial orientation and possibly nausea.

- During treatment to eliminate your parasites, most side effect you may experience are not due to your medication, but from release of toxins in these pathogen we are trying to destroy.

- These symptoms may be reduced by drinking plenty of fluids especially rich in vitamin C and taking aspirin or other, if necessary.

- Important - if rash (redness of the skin) appears, stop your treatment and contact the dental clinic.

- Caution - People with one or more of the following conditions should not take Metronidazole:
  - Pregnant or lactating women
  - People with severe anemia, leukemia or other blood disorder
  - People taking anticoagulants (adjust clotting), lithium.

- Do not hesitate to contact the office for any concerns or if you have another problem.

Dr Dentist Name
Dental Surgeon
INSTRUCTIONS FOR CANDIDA ALBICANS TREATMENT

Plaque sample from your mouth indicates the presence of Candida albicans. Take time to read this information sheet. Be comfortable to ask questions if it does not seem clear.

Candida: What is it? What is the cause?
The answer is simple: it is a kind of mushroom type of microbe, or mold. 
Candida can be in two forms: the mycelial form (long chain that can grow and sprout) and yeast forms. 
It can change shape according to the body temperature and it can be found either in dental plaque or in tissues. 
Candida colonies can grow on meat where they appear as white pea. 
Candida can also grow in sweet foods. 
In dental plaque, it can live with the ingested sugar and then convert it into acid. 
Candida is found near the gum when the decay rate is high. 
Candida is found in the periodontal deep pockets that do not heal well after treatment for oral parasites and can cause discomfort to the gum. 
Several studies indicate that the presence of candida is the only abnormality found in patients affected with undue fatigue and depression. An improvement was observed after removal of candida. 
Candida is also involved in some of the following conditions: allergies, arthritis, hair loss, blood problems, genital infections, acne. Candida is interconnected to deficiencies in zinc, reduced sense of smell, iron and vitamin A deficiency.

While this list is incomplete and it can seem daunting, remember that you do not necessarily have to have all these things. Only if the infection affects your overall health that you may have a problem; your particular problem depends on the body part that is affected and your personal strength. Although Candida is normally present around us, it does not usually cause problems except in those person who already have a medically compromised situation or if for example you already have another illness that you do not have a cure for it. If you take antibiotic for another infection, and you have also contracted candida, then treating this other infection will allow candida to grow, because the two are competing for space and nutrients.

After consultation, we have decided to treat Candida species found in your dental plaque, especially Candida albicans, using a systemic and topical antifungal agent. The goal is to eliminate the fungi. Several checks are needed with the phase contrast microscope to verify the effective disappearance of candida.
Your medication: Nystatin

This antifungal agent is only weakly absorbed by the digestive system, so it should be taken for a long period of time in order to have a fairly high concentration in tissues to eliminate candida. When this happens, the cell content is released in the body and can cause some side effects: possible digestive problems, fatigue or depression after about six weeks. These complications can come back cyclically until successive generations of candida have all been eliminated. To minimize these symptoms, you can drink plenty of fluids, especially rich in vitamins C and take Aspirin or Tylenol or Gravol if needed.

Do not hesitate to contact our office for any concerns or if you have another problem.

Your médication: Triflucan

This medication is related to the family of antifungal imidazole. It is used to treat certain severe or resistant fungal infections (candidiasis). It is also used in the treatment and prevention of cryptococcal meningitis. Caution is necessary in case of liver or kidney diseases. Hepatitis may occur rarely during treatment. Some suggestive signs should lead to consult your doctor: unexplained fever, abnormal fatigue, itching, jaundice, pale stools or very dark urine. To detect early liver damage, blood tests with dosage of transaminases are often prescribed by the doctor before and during treatment. Particular caution should be exercised when skin reaction linked to the history of fluconazole or another drug in the family of imidazole (ketoconazole or itraconazole for example). The appearance of bullous lesions (blisters) requires discontinuation of treatment and emergency medical consultation.

This drug is contra-indicated during pregnancy. This medication passes into breast milk. It is contra-indicated during lactation.

Dentist name, address and phone number
Verify biofilms of the 3 deepest sites affected by the disease to ensure that periodontal crevices are now made up of a healthy commensal flora. Otherwise revise habits and/or medication and redo appointment 3 or 4.

The next appointment consisting in also removing subgingival calculus must necessarily be done in a healthy flora. There should be only non-motile cocci and filaments to obtain complete healing of the tissues.

If necessary add sessions 5a, 6a, 7a.
MÉTRONIDAZOLE

**TIPS:**

- Metronidazole should be taken for the prescribed continuous, uninterrupted period.

- These tablets should always be taken with milk or with food.

- During treatment plus one day you should not drink alcohol in all forms (drinks, alcoholic desserts, medicines for cough ...)

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- Important - if rash (redness of the skin) appears, stop your treatment and contact the dental clinic.

- Caution - People with one or more of the following conditions should not take Metronidazole:
  
  - Pregnant or lactating women
  - People with severe anemia, leukemia or other blood disorder
  - People taking anticoagulants (adjust clotting), lithium.

- Do not hesitate to contact the office for any concerns or if you have another problem.
APPOINTMENT 5 AND 6
APPOINTMENT 7
Dr Dentist Name
Dental Surgeon

Name: _______________________        Date: ______________

Monitoring treatment questionnaire

- How do you live your periodontal treatment on an everyday basis?

- Are you satisfied of these sessions?

- Do you have any suggestions?

HYGIENE CARE IN OFFICE:

IN OFFICE TREATMENT:

- What do you think of pain management during your treatment?

- What else can we do to help you?

- Are you able to chronologically situate yourself in the evolution of your treatment or is there any explanation you need to understand your way to periodontal healing?

- When and how do you think you are really healed?

- Are you worried about a possible relapse?
- Do you still have questions or need information on what to do to prevent gingivitis and tartar formation?

- Do you still have questions or need information on what to do to avoid reinfection and possible sources of contamination (tap water and/or carafe, house pets, traveling, direct or indirect contact with other people infected with parasites)?

Dentist Name, Address and phone number

APPOINTMENT 8
APPOINTMENT 9 (3 Months Maintenance)
Hygiene follow up:
HYGIENE DISCUSSION DURING DEMONSTRATIONS

After drawing periodontal breakdown and bone loss to the patient, give all the necessary explanations and show him what could be a bad brushing technic. Also ask the following questions:

Tell me, in what way you brush your teeth?
Or how do you use your toothbrush? ________________________________

Do you use other hygiene tools: yes or no

Proxabrush _______
Dental Floss _______
Normal toothbrush _______
Electric tooth brush _______
Tongue Scraper _______
Other (specify) _______

How often do you use it?
Answering options: 1 (never); 2 (rarely); 3 (a few times per week);
4 (1 time per day - specify whether morning or evening); 5 (2 times a day); 6 (3 times daily)

Proxabrush _______
Dental Floss _______
Normal toothbrush _______
Electric tooth brush _______
Tongue Scraper _______
Other (specify) _______

Are there sensitive areas in your mouth?
___________________________________________________________________

Are there area in your mouth where you have difficulty using these tools?
___________________________________________________________________

Are there area where your gums bleed?
___________________________________________________________________

At each session, ask the patient if he had problems with the use of prescribed products or tools.
Have you had any problems with the use of the following disinfectants? Yes or no
If so, can you clarify the problem:
Hydrogen Peroxyde ____________________________
Paste _______________________________________
Antibiotic ___________________________________
Toothbrishe _________________________________
Proxabrush __________________________________
Dental floss _________________________________
Tetraninse __________________________________
Torrens Powder _______________________________

Periodontal Chart at 12 month:
PERIODONTAL MAINTENANCE

PROGRAM

Of

Sir / Madam xxx YYY

City, day month year

Sir / Madam,

We just finished treating your periodontal disease, a disease that could result in loss of your teeth supporting tissues, "loosening your teeth", even your teeth.

Bacteria, parasites, white blood cells and calculus were present under your gums.

Thank you for the confidence you have shown us in the course of this treatment. In order to enable us to monitor the final healing ensuring sustainability of your results and avoiding recurrence of the disease, we propose for you a maintenance plan.

We believe today, in your particular case, that frequency of maintenance sessions should be done every three months the first year and every six months thereafter if no recurrence is confirmed.

Dentist Name, Address and phone number

Dr Dentist Name
Dental Surgeon
During these sessions of periodontal maintenance, we shall have to realize again:

- Measurement of breath

- Measurement of tooth mobility

- Microscopic sampling and analysis

- Possibly suitable requirements upon results of microbiological analysis

- Elimination of potential calculus and teeth surfaces polishing

- Antiseptic treatment of dental surfaces and gums

- Revision of a successful maintenance regimen

Cost per session: 350$

It is important to remember before any sample analysis that you comply with recommendations about brushing for not distorting the results and avoid additional sessions (brush with fresh water the day before, no brushing the day of the analysis).

Dr Dentist NAME                                                   Sir/Madam xxx YYY

Dentist Name, Address and phone number

Dr Nom DENTISTE
Chirurgien Dentiste
Sir / Madam xxx YYY

City, day month year

Sir / Madam,

We just finished treating your periodontal disease, a disease that could have resulted in loss of your teeth supporting tissues, "loosening your teeth", even loss of your teeth. Bacteria, parasites, white blood cells and calculus were present under your gums.

Thank you for the confidence you have shown us in the course of this treatment. In order to ensure the sustainability of your results and avoid recurrence of periodontal disease, we offer you periodontal follow up enabling you to avoid any disease recurrence.

We believe today, in your particular case, that frequency of maintenance sessions should be done every three months the first year and every six months thereafter if no recurrence is confirmed.

Dentist Name, Address and phone number

Dr Dentist Name
Dental Surgeon

During these sessions of periodontal follow up, we shall have to realize again:
Measurement of breath

Gum examination

Microscopic sampling and analysis

Possibly suitable requirements upon results of microbiological analysis

Elimination of potential calculus and teeth surfaces polishing

Revision of a successful maintenance regimen

Cost per session: 250$

It is important to remember before any sample analysis that you comply with recommendations about brushing for not distorting the results and avoid additional sessions (brush with fresh water the day before, no brushing the day of the analysis).

Dr Dentist NAME  Sir/Madam xxx YYY

Dentist Name, Address and phone number

Name:  Date:
Follow up treatment questionnaire

- How did you lived your periodontal treatment?

- Do you think you are healed?

- Are you worried of a possible relapse?

- Could you describe what to do to prevent gingivitis and calculus formation?

- If still you would have gingivitis, what would be the things to do you think not to infect you with parasites?

COMMENTS:

Adresse du cabinet et no de téléphone
**Patient checklist follow up file:**

**Patient Name:**

Be in relation with patient... listen to him... XRay and Periodex at least each year

<table>
<thead>
<tr>
<th>3 month follow up</th>
<th>Date:</th>
<th>Samples on teeth no</th>
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<tbody>
<tr>
<td>Halimetre (patient smells floss)</td>
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<tr>
<td>Photography Xray Periodex</td>
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<td>Cocci</td>
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<tr>
<td>Perio chart 12 months (pocket, recession, bleeding pts)</td>
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<td>Filaments</td>
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<tr>
<td>3 deepest samples biofilm, share with patient</td>
<td></td>
<td>Spirochetes</td>
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<tr>
<td>Remove supra calculus + Prophy (pumice + Chloroxidine)</td>
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<td>Motility</td>
</tr>
<tr>
<td>Hygiene demo and practice Bass modified H2O2 1% and Trichomonas</td>
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<td>White cells</td>
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<tr>
<td>Prescription : Maintenance regimen H2O2 + PT</td>
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<td>Amibae</td>
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<tr>
<td>Fill 12 months pocket closing numbers and bleeding pt</td>
<td></td>
<td>Trichomonas</td>
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<td>Adjust maintenance or follow up program</td>
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<td>Fungi</td>
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<td>Fill Follow Up Treatment Questionnaire</td>
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<td>Eventual Periodex</td>
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<td>Remove supra calculus + Prophy (pumice + Chlorexidin)</td>
<td></td>
<td>White cells</td>
</tr>
<tr>
<td>Maint. regimen H2O21%+ PT once a day or 2x week</td>
<td></td>
<td>Amibae</td>
</tr>
<tr>
<td>other time fluor toothpaste</td>
<td></td>
<td>Trichomonas</td>
</tr>
<tr>
<td>Adjust maintenance or follow up program</td>
<td></td>
<td>Fungi</td>
</tr>
<tr>
<td>Eventual Periodex</td>
<td></td>
<td>Bleeding</td>
</tr>
<tr>
<td>Biofilm is commensal</td>
<td></td>
<td>Halimetre</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others:</td>
</tr>
</tbody>
</table>
### Periodex at 12 months:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

| Medical care | Taste, smell |
| Digestive system | Lungs |
| Heart | Kidneys |
| Blood pressure | Liver |
| Blood disorder | Thyroid |
| Genetics | CNS |
| Arthritis | Diabetes |
| Allergies | Family |
| Medication | Other |

#### Periodex Evaluation

Your results are indicated by a mark in each category. The lower your score, better your results are. Compare your progress. Your score reflects my clinical opinion.

<table>
<thead>
<tr>
<th>Excellent 1</th>
<th>Acceptable 2</th>
<th>Medium 3</th>
<th>Low 4</th>
<th>Poor 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hygiene (debris)</td>
<td>ex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local factors</td>
<td>ex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systemic factors</td>
<td>ex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plaque</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breath</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal pockets</td>
<td>1 and 2</td>
<td>2 and 3</td>
<td>[ ] 4</td>
<td>[ ] 5-6</td>
</tr>
<tr>
<td>Inflammation</td>
<td>none</td>
<td>minor</td>
<td>loc</td>
<td>abond</td>
</tr>
<tr>
<td>Dental mobility</td>
<td>0</td>
<td>0+</td>
<td>[ ] I</td>
<td>[ ] II</td>
</tr>
<tr>
<td>Abcess and pain</td>
<td>no</td>
<td></td>
<td>pain</td>
<td>pain+</td>
</tr>
<tr>
<td>Cocci</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cocobacilli</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leptotrichia</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actinomycetes/cocci</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacterial motility</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacilli, vibrios</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirochetes</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ent. Gingivalis *5</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomonas tenax</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Candida *5</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White blood cells *5</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Prior results: Current results: 

**DIAGNOSTIC:**

**Treatment:**

**Prognostic:**
APPOINTMENT 10 (6 month maintenance)
ANNEX DOCUMENTS
**Percentage Pocket closure Table** (exceeding accepted 3mm depth):
<table>
<thead>
<tr>
<th>Periodontal Patient Table</th>
</tr>
</thead>
</table>

120


Bonner M. Parasites : la guerre est déclarée. Dentoscope | Catégorie: Cas Clinique - 30/04/14

Institut International de Parodontie : http//www.parodontite.com


Other useful biofilm images:

100x scanning biofilm for parasites, many motile bacteria visible and PMN
« Channels » formed by parasites within biofilm

100 x *Entamoeba gingivalis* displacement

1000x Visualizing amibae displacement within biofilm
100x Recovering Health following Periodontal Healing Protocol Bonner Dunoyé (PHPBD): non motile commensal flora, epithelial cells, absence of PMN

1000x Confirmation: commensal flora.

Cocci, small filaments, epithelial cell portion.
Recommended reading for doctors and patients
Recommended reading for doctors

Disponible upon request at:
INSTITUT INTERNATIONAL DE PARODONTIE
49 Rue Laurier Ouest - VICTORIAVILLE G6P 6P5 - Tel : 819-260-1086
www.parodontite.com

VIDEOS
YouTube/Mark Bonner