

Steps to Help Improve Your Gum Health

Patient name _____

Prepared by _____

Today's date _____

TREATMENT DONE TODAY

- Periodontal Exam
- Scaling and Polishing
- Root Planing
- Other _____

RISK FACTORS

- Plaque Control
- Gum Recession
- Smoking
- Diabetes
- Other _____

HOME CARE RECOMMENDATIONS

TOOTHPASTE (*Brush twice daily*)

- Colgate Total®
- Other Toothpaste _____

MOUTHWASH (*Use as directed*)

- Colgate Total® Active Shield™ Mouthwash
- Colgate Total® Mouthwash for Gum Health
- Other Mouthwash _____

TOOTHBRUSH (*Change every 3 months*)

- Soft, Compact Head Manual Toothbrush
- Power Toothbrush
- Other _____

INTERDENTAL TOOLS (*Use daily*)

- Floss
- Other _____

PERSONALIZED INSTRUCTIONS

RECOMMENDED NEXT VISIT

- 3 months
- 6 months
- Other _____

