

Michael Perry, DDS

HYGIENE PROCEDURES

A. D1110 – PROPHY, ADULT (40 to 50 minutes)

- Complaints or areas of concern**
- Review medical history**
- Visual exam with soft tissue check**
- Oral hygiene instruction**
- Necessary x-rays**
- Ultrasonic**
- Scale with hand instruments**
- Polish if desired**
- Floss**
- Home care recommendations**

B. D4910 – PERIODONTAL MAINTENANCE (1 hour)

- Complaints or areas of concern**
- Review Medical History**
- Visual exam with soft tissue check**
- Oral hygiene instruction**
- Necessary x-rays**
- Chlorhexidine rinse if indicated**
- Spot probe**
- Scale**
- Ultrasonic**
- Irrigation**
- Polish if desired**
- Floss**
- Home care recommendations**
- Rx Periostat if indicated**

C. D4346 – GINGIVITIS THERAPY (1 hour)

**Review Medical History
Complaints or areas of concern
Visual exam with soft tissue check
Oral hygiene instruction
Chlorhexidine rinse if indicated
OHI
Scale
Ultrasonic
Irrigation
Polish if desired
Floss
Home care recommendations**

D. DLASE – LASER THERAPY

Done in conjunction with SRP and PMT

E. D0120 – PERIODIC (RECALL) EXAM

Done in conjunction with Prophy or PMT

F. D1206 – FLUORIDE VARNISH

Done in conjunction with Prophy or PMT (per session)

G. D1208 – TOPICAL FLUORIDE

Done in conjunction with Prophy or PMT (per session)

H. D1351 – SEALANT (30 minutes to 1 hour)

I. D1353 – SEALANT REPAIR (30 minutes to 1 hour)

J. D4341 & D4342 SCALING AND ROOT PLANING (1 hour segments)

Review Medical History
Complaints or Areas of Concern
Visual and Soft tissue exam
Rinse with Chlorhexidine
Topical and local anesthetic (if indicated)
Scale
Ultrasonic
Irrigation
Apply Vitamin E
Post-op Instructions – dispense copy and review
Rx Chlorhexidine if indicated

K. D4381 – SITE SPECIFIC ANTIMICROBIALS

Done in conjunction with SRP or PMT (per site)