

## **Perio Analysis Instructions**

Click on the Form tab at the bottom of this page

Print 5 copies of the Form

Use your next 50 hygiene pts or pull your last 50 hygiene charts.

If more than one hygienist--divide the charts equally between them

- 1. Use initials to identify the patient chart information**
- 2. Check the box if the probing was done**
- 3. Check the box if each tooth was charted**
- 4. Check the box if bleeding of 10% of sites probed**
- 5. Check the box if all pockets were under 4 mm**
- 6. Check the box if any pockets were 4 mm**
- 7. Check the box if any pockets were 5 mm or higher**
- 8. Check the box if SRP or Laser or Ozone or Perio Protect were presented**
- 9. Check the box if SRP or Laser or Ozone or Perio Protect scheduled to be done**
- 10. Check the box if any therapy plan or SRP has been completed in the past**
- 11. Check the box if the patient was referred out to the periodontist**
- 12. Check the box if the patient is a new patient**
- 13. Check the box if the patient is on 3 month recall**

Total all Hygiene worksheets and enter totals on Admin Form

Scan and email completed Admin Form to [leonameditz@gmail.com](mailto:leonameditz@gmail.com)