

Corrective Action Form

Patient Name: _____ Date: _____

HIGH

High risk patients may require up to 6 or more cycles of treatment

Step 1:

Reparative:

- Restore current decay
- Re-mineralize — CariFree Fluoride Varnish

Step 2:

Therapeutic:

- Antimicrobial Treatment — patient 30 day home program (repeat cycle until low risk):
 - CariFree Treatment Rinse — use 2x daily until gone, **then**
 - CariFree Maintenance Rinse — use 2x daily until next appointment
 - CariFree Boost — use after snacking and meals
 - Behavioral — Oral hygiene instructions as directed
Dietary counseling if necessary

Step 3:

Reassessment Appointment:

- Schedule 30-day follow-up
Appointment Date: _____

MODERATE

Follow same protocol as high risk

- Moderate risk patients may require less cycles of treatment

LOW

Preventive Maintenance Program for life

Perform Caries Risk Assessment at next recare appointment.

Provide patient with:

- CariFree Daily Maintenance Rinse — use 1 – 2x daily
- CariFree Boost — use after snacking and meals