

## SO YOU NEED PERIODONTAL THERAPY!

The following information is provided to help cover the basic processes and possible treatment options to best restore periodontal health. The information is provided in a format that answers some of the more common questions asked by patients.

### WHAT IS PERIODONTAL DISEASE?

Periodontal Disease (or periodontitis), was once known as pyorrhoea (pronounced “pie-re-ah”). It involves destructive inflammation of the gums in which supporting bone and ligament are lost. It is caused by an inappropriate immune response to virulent germs found in dental plaque. If left untreated, the teeth may become loose and eventually be lost. Furthermore, most recent studies support an association between active periodontitis and poor systemic health including cardiovascular disease, pre-term, low birth weight babies and diabetes (metabolic syndrome).

### HOW DO I KNOW IF I HAVE IT?

Often people are unaware that they have any gum problems. That is why periodontitis is referred to as the “Silent Disease”. However signs that may indicate that you have periodontal disease include swollen, bleeding or red gums, bad breath, and loose, sensitive or drifting teeth. Your dentist may also become aware of it from observing bone loss on your X-rays or checking your gums as part of a normal dental examination.

### HOW DID I GET IT?

Many worldwide surveys conclude that around 10% of the population are particularly susceptible to advanced periodontal disease. One’s susceptibility is primarily determined by the level of immune-resistance you inherit from your parents. Smoking is also now recognised as a very major contributory factor. Certain medical conditions (e.g. diabetes, rheumatoid arthritis, malnutrition) or medications (contraceptive pill, calcium channel blockers, and cyclosporine) may also be contributory. One thing that has been confirmed is that “without plaque there is no disease”. Thus if plaque is not regularly and appropriately removed through good oral hygiene then there is an increased risk of accelerating the disease process.

## CAN IT BE TREATED?

The good news is that in most cases periodontal disease responds very well to treatment. This treatment involves: the careful measurement of tooth support levels; professional cleaning (debridement); a review of your home care regime, and then regular supportive care. In most cases this is enough to halt the disease. Where the disease has become very advanced it may be necessary to carry out some minor oral surgery to provide both visual and mechanical access to appropriately clean out these sites.

## CAN IT BE CURED?

Periodontal disease is usually considered a chronic (long term) problem. Timely treatment and diligent care by both the Dental Team and patient can often halt its progress. However; there is no permanent cure. This means: **It is extremely important that if you have this disease you attend for the recommended regular reviews and supportive care. Otherwise the disease will slowly re-establish itself and the benefits from treatment will be lost.**

## WILL I LOSE MY TEETH?

Every effort will be made to assist you in keeping your teeth. In most cases, once treatment has been commenced, it can generally be expected that your teeth will be kept for the medium to long term. Unfortunately, bone and gum tissue already lost due to the disease cannot easily be regained. Only if destruction is so great that a tooth is considered beyond help, or is causing you pain, would removal be recommended.

## WHAT WILL HAPPEN TO ME AT PACIFIC PERIODONTICS?

The clinician will take a very thorough medical and dental history to try and locate any specific cause for your particular gum disease. A detailed examination of your teeth will then be carried out to see how much damage the disease has already caused. This collection of information may take a number of appointments and include additional x-rays, photographs or models. It is very important that as much information as possible is gathered to allow all the options to treat your gum disease to be considered. It will also be used after treatment to establish the degree of response to therapy. The clinician will then discuss the findings with you and recommend a treatment plan to best address your particular concerns.

## WILL TREATMENT HURT?

Whenever a cleaning or minor surgery procedure is to be carried out the clinician will numb the area with an anaesthetic to ensure minimal discomfort. If you are worried or unsure of a procedure, discuss it with Dr. Hoffman before treatment. Following treatment the teeth may be sensitive to cold drinks or food but this usually passes with time, **as long as good oral hygiene is maintained**. If you do experience this sensitivity, sensodyne / sensitive tooth gels, GC tooth-mousse, neutrafluor 5000 are products that reduce the porosity of exposed root dentine which in turn provides more insulation for the tooth pulp (nerve). You may also notice the gums 'shrinking' and becoming 'firmer'. This is quite normal as they become healthier and less swollen (inflamed). The amount of shrinkage will depend on how much underlying bone has been destroyed by the disease.

## HOW LONG DOES IT TAKE AND WHAT DOES IT COST?

The collection of your medical history and clinical dental data is usually completed at the first appointment. Depending upon the treatment plan, there will then be a series of appointments to thoroughly clean the root section of your teeth. Detailed instructions will also be given on your home care. In the majority of cases this treatment will be enough to adequately treat the disease and you will be given an appropriate review appointment date. Should the disease not respond adequately to this therapy then more complex treatment options will be considered in consultation with you as the need arises. The cost of treatment is principally driven by the chair time required to stabilise the disease. This will vary between different individuals depending upon the extent and severity of the disease. A detailed treatment plan, including the professional fees involved, will be provided following the initial consultation appointment. Please note that rebates from the funds vary significantly depending upon the fund you have chosen and your level of ancillary cover. If you encounter problems with your rebate please bring it to the attention of the staff as often it may just need further treatment plan clarification or administrative support. The degree of response to therapy. The clinician will then discuss the findings with you and recommend a treatment plan to best address your particular concerns.

Dear, \_\_\_\_\_

We welcome you to our visiting practice in **Cherry Street** Ballina (please find map attached). We look forward to seeing you for your first appointment with Dr Adrian Hoffman on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Dr Hoffman graduated in dentistry in 1994 from the University of Sydney where he was elected President of the Dental Undergraduate Association. He then served in the Australian Army as a Captain Dental Officer for 2 years before relocating to the UK. Whilst training in Oral Surgery, Oral Medicine and Prosthodontics, he attained his Fellowship of the Royal College of Surgeons of England. Dr Hoffman returned to Australia in late 2000 to commence his 3 year specialist training program in Periodontics at the University of Queensland. Dr Hoffman was the President of the Australian Society of Periodontology (QLD) in 2006, and was the President of Gold Coast Dental Study Club in 2008.

You may have been referred to Dr. Hoffman because you are losing bone around some of your teeth. This bone loss is a result of progressive periodontal disease and affects approximately 10% of the population over the age of 40.

In order to assist us we would appreciate it if you would bring with you the following items:

- **Completed medical / dental history forms (please find enclosed).**
- **Referral letter and previous x rays (if not already sent by your dentist).**
- **Your existing manual or electric toothbrush.**

At your initial appointment we will not carry out any active treatment, except (where necessary) for the relief of pain. A detailed examination/charting will be completed and explanation of your individual findings. Meticulous oral hygiene instructions will also be given. We will, finally, formulate a treatment plan to manage your periodontal disease and/or your dental implant requirements. This will help us determine the number and length of appointments required as well as the professional fees involved and their associated dental insurance item numbers. This consultation will take approximately 1 hour.

More information can be obtained through our website: [www.pacificperio.com.au](http://www.pacificperio.com.au)

Dear, \_\_\_\_\_

We welcome you to our visiting practice in **Cherry Street Ballina** (please find map attached). We look forward to seeing you for your first appointment with Dr Charlie Boast on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_



Dr Charlie Boast graduated with a Bachelor of Dental Surgery from the University of Adelaide in 2003. Following graduation he practiced general dentistry in Adelaide for 12 years. In addition to his private practice Charlie worked as a house officer in Adelaide's Women's and Children's Hospital specialist paediatric dental unit from 2006-2008. He became a fellow of the Royal Australian Dental College in 2011, before graduating from the University of Queensland with a Doctor of Clinical Dentistry in Periodontics in 2018. Charlie is a member of Australian and New Zealand Academy of Periodontics, Australian Dental Association and Australian Society of Periodontists.

Charlie takes great personal satisfaction in seeing the transformative effects on his patient's wellbeing resulting from thoughtfully delivered specialist periodontal and reconstructive care.

You may have been referred to Pacific Periodontics and Implants because you are losing bone around some of your teeth. This bone loss is a result of progressive periodontal disease and affects approximately 10% of the population over the age of 40.

In order to assist us we would appreciate it if you would bring with you the following items:

- **Completed medical / dental history forms (please find enclosed).**
- **Referral letter and previous x rays (if not already sent by your dentist).**
- **Your existing manual or electric toothbrush.**

At your initial appointment we will not carry out any active treatment, except (where necessary) for the relief of pain. A detailed examination/charting will be completed and explanation of your individual findings. Meticulous oral hygiene instructions will also be given. We will, finally, formulate a treatment plan to manage your periodontal disease and/or your dental implant requirements. This will help us determine the number and length of appointments required as well as the professional fees involved and their associated dental insurance item numbers. This consultation will take approximately 1 hour.

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## MEDICAL AND DENTAL HISTORY FORM

### WE RESPECT YOUR PRIVACY

It is important for us to know details of your medical and dental history so that your treatment plan can be tailored to your personal needs. We assure you this information will be held in strict confidence and not disclosed to any other persons or parties, unless you give permission to do so.

### PERSONAL DETAILS

TITLE: MR / MRS / MS / MISS / MASTER / DOCTOR / CAPTAIN / OTHER \_\_\_\_\_

NAME: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

MOBILE: \_\_\_\_\_ HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

PREFERRED CONTACT METHOD: SMS  Mobile  Telephone Work  Telephone Home  Email

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF HEALTH FUND: \_\_\_\_\_

MEDICAL DOCTOR'S NAME: \_\_\_\_\_ SUBURB: \_\_\_\_\_

REFERRING DENTIST'S NAME: \_\_\_\_\_ SUBURB: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: Website  Yellow Pages  Advertisement  Patient Referral

PATIENT REFERRAL - WHO? \_\_\_\_\_

## CANCELLATION POLICY

Dr Hoffman and staff do expect and appreciate you keeping your agreed appointment. If cancelling your appointment becomes unavoidable, the more notice you provide the better, as this enables us to reschedule other patients and avoid highly trained staff and equipment sitting idle. Consequently, we require one week notice, or 48 hours as an absolute minimum. If we receive less than 48 hours notice, a cancellation fee of \$150.00 will apply.

- (Please tick to indicate that you have read and will comply with the above)
- I understand that all treatment is to be paid for on the day of treatment and all information collected will be treated in confidence (Please tick).
- I understand that I need to continue to see my general dentist for regular dental check-ups.

PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

## MEDICAL HISTORY:

Please indicate below if you have, or have ever, had any of the following:

Blood Disorder (anaemia/leukaemia) <input type="checkbox"/>	Prosthetic Heart Valve <input type="checkbox"/>	Bone Disease eg:- Osteoporosis <input type="checkbox"/>
Other blood disorder <input type="checkbox"/>	Heart/Cardiac pacemaker <input type="checkbox"/>	Paget's disease/cancer spread to bone/multiple myeloma <input type="checkbox"/>
Blood Pressure-High/Low <input type="checkbox"/>	Stroke <input type="checkbox"/>	Nerve/Muscular Disorder <input type="checkbox"/>
Cortico-Steroid therapy <input type="checkbox"/>	Radiation therapy <input type="checkbox"/>	Stomach disorder (gastritis) <input type="checkbox"/>
Diabetes Type I/Type II <input type="checkbox"/>	Lung disease (asthma/emphysema) <input type="checkbox"/>	Bowel disorder <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Tuberculosis <input type="checkbox"/>	HIV <input type="checkbox"/>
Heart murmur <input type="checkbox"/>	Kidney/Liver disease <input type="checkbox"/>	Hepatitis A, B or C (please circle) <input type="checkbox"/>
Heart surgery/disease/attack <input type="checkbox"/>	Thyroid disease <input type="checkbox"/>	Anxiety/Stress/Depression <input type="checkbox"/>
Females: Number of Pregnancies <input type="checkbox"/>	Prosthetic Joint (Hip/Knee) <input type="checkbox"/>	



**DR ADRIAN HOFFMAN**

BDS(Syd), FDSRCS (Eng), MDSC (Qld), FRACDS (Perio)

**DR CHARLIE BOAST**

BDS(AdeI), D.Clin.Dent (Qld), FRACDS

**DR SARAH BENTON**

BDS (hons)UWA, DClinDent(qld), FRACS

**REGISTERED DENTAL SPECIALISTS**

Have you ever taken Biphosphonate medication, e.g. Alendronate, Fosamax, Risedronate, Pamidronate, Zoledronic acid? Yes / No

Please briefly explain any medical treatment for any of the above conditions: \_\_\_\_\_

\_\_\_\_\_

Are you presently taking any medications? Yes / No

Please List: \_\_\_\_\_

\_\_\_\_\_

Are you presently taking any medications? Yes / No

If so, give details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been a smoker? Yes / No

Do you currently smoke? Yes / No

If "No", when did you quit? \_\_\_\_\_

If "Yes" for how long? \_\_\_\_\_

How many per day on average? \_\_\_\_\_

NAME: \_\_\_\_\_ PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_\_\_

**DENTAL HISTORY:**

FOR YOUR COMFORT: Many people are still nervous about coming to the dentist. Whilst the improvements in techniques and anaesthetics have helped most people, you may still be apprehensive and wish us to take extra measures for your comfort. Please circle the number that indicates your present level of apprehension.

Completely at Ease | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Petrified!



Have you had adverse reactions to local or general anaesthesia? Yes / No

Do you normally require antibiotic cover before treatment? Yes / No

Have you experienced any difficult extractions or bleeding problems as a result of dental treatment? Yes / No

**ORAL HYGIENE:**

When was your last dental cleaning? \_\_\_\_\_

Do you use an electric or manual tooth brush? \_\_\_\_\_

Do you use: Floss / tooth picks / interproximal brush \_\_\_\_\_

If "Yes" for how often? \_\_\_\_\_

**PRESENTING COMPLAINT:**

Are you aware of any of the following oral symptoms?

Nothing, dentist just referred me on <input type="checkbox"/>	Bad breath <input type="checkbox"/>
Bleeding on brushing <input type="checkbox"/>	Bad taste <input type="checkbox"/>
Bleeding on flossing <input type="checkbox"/>	Sensitivity to cold <input type="checkbox"/>
Loose/mobile teeth <input type="checkbox"/>	Staining <input type="checkbox"/>
Gum recession <input type="checkbox"/>	Abscess / gum boil <input type="checkbox"/>

Details: \_\_\_\_\_

NAME: \_\_\_\_\_

PATIENT/GUARDIAN SIGNATURE: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

CLINICIAN SIGNATURE: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

## LOCATION DETAILS

### **BALLINA, NSW**

Suite 2, 31 Cherry Street,  
Ballina NSW 2478 Australia

[info@pacificperio.com.au](mailto:info@pacificperio.com.au)

**07 5559 5911**

