









Treatment Protocols

based on patient risk levels

	Treatment protocol ^{1,2}	In-office	Take-home
Low Risk	<ul style="list-style-type: none"> Remove plaque and calculus. Provide oral hygiene instruction. Recommend OTC toothpaste. Treat with in-office fluoride (optional). Protect with sealant (optional). Recall every 6-12 months. 	<p>Vanish™ 5% Sodium Fluoride White Varnish with TCP</p>  <p>Clinpro™ Sealant</p> 	
Moderate to High Risk	<ul style="list-style-type: none"> Remove plaque and calculus. Provide oral hygiene instruction. Recommend prescription-strength toothpaste. Treat with in-office fluoride. Protect with sealant (optional for adults). Recommend xylitol mints. Recommend chlorhexidine gluconate oral rinse if high risk. Recall every 4-6 months if moderate risk, or every 3-4 months if high risk. 	<p>Vanish™ 5% Sodium Fluoride White Varnish with TCP</p>  <p>Clinpro™ Sealant</p>  <p>Vanish™ XT Extended Contact Varnish</p> 	<p>Clinpro™ 5000 1.1% Sodium Fluoride Anti-Cavity Toothpaste (with TCP)</p>  <p>TheraMints™ 100% Xylitol Sweetened Mints</p>  <p>Peridex™ Chlorhexidine Gluconate 0.12% Oral Rinse</p> 

1. The ADA Council on Scientific Affairs. Professionally applied topical fluoride: Executive summary of evidence-based clinical recommendations. JADA 2006;137(8):1151-1159.

2. Jenson L, et al. Clinical protocols for caries management by risk assessment. CDA Journal 2007;35(10):714-723.