

Denture Continuing Care Evaluation

- ___ Blood pressure check
- ___ Pulse rate check
- ___ Pre-examination anti-bacterial rinse
- ___ Medical history review and update – medications, allergies, surgeries
- ___ Review possible need for prophylactic antibiotics
- ___ Oral cancer screening examination – visual screening
- ___ Soft / Hard tissue examination
- ___ Evaluation of existing removable prostheses for fit / wear / stability
- ___ Clean, disinfect and polish the removable prostheses as necessary
- ___ Adjust prostheses as needed
- ___ Saliva evaluation
- ___ Recommendation for dry mouth products
- ___ Evaluation and review of oral hygiene
- ___ Recommendations for oral hygiene aids / products
- ___ Pre-appoint for continuing care next appointment

As indicated **or** periodic recare services:

- ___ Individual x-rays of existing teeth and / or implants – every **1-2 years**
- ___ Panoramic x-ray – every **2-3 years** – evaluation of bone resorption levels
(screening view of temporomandibular joints, maxillary sinus, third molars, cysts, tumors and bone pathology)
- ___ Replacement of implant abutment retention inserts (Locator or Hader)
- ___ Intra-oral / digital camera photography – as indicated
- ___ Intra-oral video camera photography – as indicated

Optional, but recommended:

- ___ ViziLite oral cancer screening test – recommended **annual testing**