

Useful One-Liners for Communicating with Patients

**Modify your language in order for the patient to understand (e.g. based on the patient's age, education, dental IQ, health literacy level).*

New Patient Exam

- **Introduction:**
 - Hi, I'm Dr._____. What brings you in today? (write down the patient's chief complaint in their own words).
- **Health History form:**
 - If a patient questions why they need to fill out the form when we are working on their teeth.
 - I understand how the two may not seem related, your medical conditions/medications and the dental treatment, but I need a full health history in order to provide you with *the safest treatment possible*. Some conditions and medications can affect your oral health and the treatment we provide. Without a full health history, we are working in the dark.
- **Oral Cancer Screening:**
 - I will perform a thorough evaluation checking for any abnormalities and conducting an oral cancer screening. This involves touching your face and neck. May I have your permission to do so?
- **Tobacco:**
 - All medications and drugs have side effects. With tobacco, the side effects include bone loss which leads to tooth loss, dry mouth, delayed wound healing, increased risk of dry socket, and increased risk of oral cancer. For these reasons, we like to find out what your risk factors are so that if we see something suspicious looking, we can better determine the need for a biopsy.
- **Radiographs:**
 - In order to diagnose, we need to take radiographs to see what the eyes cannot see. Then I will look in the mouth and combine all these findings.
- **Tooth Exam:**
 - I am going to look at every tooth to see which teeth are present, the status of your fillings/crowns, and to check for cavities. I will use my instrument to feel. Cavities are soft and sticky while stains are hard.
- **Guarded Prognosis:**
 - Some teeth are obviously healthy and savable, while others are obviously beyond the point of saving. Sometimes a tooth can be in the middle, 50/50 chance, where we don't know if we can save it until we remove the decay and see how much tooth is remaining. If so little is remaining that the tooth would snap off, then it's not savable. My goal is always to save as many teeth as possible.
- **Saving teeth:**
 - We will try to get as much mileage on these as we can.
- **Perio Charting:**
 - I am going to diagnose the condition of your gums and bones supporting your teeth.

- I will first check to see if any teeth feel loose. Then I will measure the space, or “pockets,” between the teeth and the gums. You will feel some pressure. This way we can determine if you need a regular or deep cleaning. Perio charting also helps us determine the prognosis of the teeth to determine which teeth are savable.
- **Treatment Plan Sequencing:**
 - If you have a house and the backyard is on fire, we first must put out the fire before we can paint the front door. Similarly, we need to prioritize active infection first. This means removing bad teeth, cleaning the teeth above and below the gumline, getting rid of the cavities, all this in order to have a healthy foundation. Lastly, we can move to tooth replacement or cosmetic concerns (unless a cosmetic emergency).

Prophy

- How often do you brush your teeth? When during the day?
 - If before breakfast:
 - Its great that you are brushing. If you wake up and have bad breath, I recommend swishing with an alcohol free mouthwash. It is more important to brush after eating to remove the food from your teeth. The bacteria in our mouths eat the same food we eat and then acid comes out as a waste byproduct. This acid causes cavities. So always brush after meals. And before bed floss and then brush. Floss first to remove all the food between your teeth, this way the fluoride from the toothpaste gets between the teeth better.

SRP

- The toothbrush cannot clean out the bacteria deep below the gumline. With a deep cleaning, we clean the hard-to-reach areas and the goal is for scar tissue to form to reduce the depth of the pockets.

Spraying Water or Blowing Air

- Always warn the patient! If not warned, they can choke on the water. If not warned, the air will startle the patient. They are already nervous to be in the chair.
- I’m going to spray water.
- I’m going to dry the teeth by blowing air.

Fillings

- If anything feels uncomfortable, please raise your left hand. I want you to raise your left hand because I am on the right side, and I don’t want you to bump into me while I’m holding a sharp instrument. If you raise your hand I will stop, and I can always numb you up more.
- High-speed handpiece: There is going to be a lot of noise and water.
- Slow-speed handpiece: You will feel vibration.

- Checking occlusion with articulating paper:
 - Tap-Tap.
 - Now grind left, right, forward back.
 - Grind on the spot that feels high.
- Occlusion: Does your bite feel the same on both sides? If the filling is too high, the tooth will work over-time and become sore. If it's too difficult to tell you can always come back and we can adjust it again without having to numb you up.

Occlusal Guard

- If you are clenching in the daytime, it is a matter of breaking the habit. To break the habit, place your tongue in the "n-position." If it is during your sleep, you can't tell yourself place your tongue in the "n-position", therefore an occlusal guard is necessary. This protects your teeth, fillings, crowns, from wear and fracture, and your joint from additional pressure.

Crown

- For a crown, we have to make your tooth a miniature version of itself, otherwise if we place a crown on your tooth, you will only bite on that 1 tooth.
- Anytime we do a crown, the tooth may become sensitive and require a root canal treatment.
- Once you have a crown, it is critical that when you brush you brush along the gumline where the crown meets the tooth. There will be a microscopic gap and we don't want cavities to form there. Flossing will clean the gap between the teeth.

Bridge

- Requires meticulous hygiene, brushing where the bridge meets the natural tooth and flossing. If not, you will lose the entire bridge to decay or to bone loss.

Extractions

- *Mirror Check.* Hand the patient a mirror and a cotton tip applicator. Please hold this mirror and point to the tooth we are going to be extracting today. (Have a witness present and document mirror check was completed).
- What to expect during an extraction. You will feel pushing and pressure. We cannot get rid of this sensation. If anything feels sharp or hurts, raise your left hand, as I don't want you to bump into me holding a sharp instrument with your right hand. If it hurts I will stop and I can numb you up more. We can't get rid of the sensation of pressure. You will also hear cracking noises, this is normal.
- If taking a while, inform the patient: I am taking my time, I don't want to rush, I rather get the tooth out in 1 piece.

Root Canal Treatment

- Once the bacteria in the mouth reaches the pulp of a tooth, the entire inside of the tooth is contaminated. With a root canal treatment, we are removing the pulp. This is

like taking a wick out of a candle. We will use files to shape the canal and irrigants to clean the canal.

Pain Medications

- Take the medication while you are still numb. It is better to stay out of pain, than to dig yourself out of pain later. Inflammation causes pain, and ibuprofen decreases inflammation.
- You can take 400 mg of ibuprofen every 4-6 hours. If it's not enough, you can add 1000 mg of acetaminophen. Ibuprofen and acetaminophen can be taken at the same time, or you can alternate.

Antibiotics

- Antibiotics are indicated if you have any of the following: visible facial swelling, a fever, lymphadenopathy, and/or malaise.
- If you develop any of these, let me know.
- Go to the Emergency Room, or call 911, if you have any of the following:
 - Visible facial swelling involving your eye.
 - Trouble breathing or swallowing due to swelling of your neck, throat, or tongue.
 - In the emergency room they will give you IV antibiotics, these are much stronger than any antibiotic pills we can prescribe you.
- Remember, antibiotic only help temporarily. Until you remove the source of the infection by extracting the tooth, or by getting a root canal, the infection will come back.

[updated 12/31/23]