GIG CYMRU NHS WALES

Your Prevention Plan

Name:

Date:

Your dental health

What you need to do:

Your next appointments

Date:	Time:
Date:	Time:
Date:	Time:

Your dental health

Tooth decay	You have active tooth decay ☐	You are at risk of needing a filling in the future ☐	You have no active tooth decay ☐
Gum health	You need treatment from us and better cleaning by you ☐	Your gum health is stable but you need to follow our advice on cleaning ☐	You have healthy gums! Keep doing what you are doing ☐
Other problems of the mouth	You need dental treatment/referral ☐	You do not need additional treatment but we will review you regularly to monitor ☐	You have no other dental need to be concerned about ☐

What we will do for you

- [ ] Advice on what to eat or drink to improve your oral health
- [ ] Advice and demonstration on cleaning your teeth
- [ ] Smoking cessation advice and referral as agreed
- [ ] Apply fluoride varnish (and fissure sealant if required)
- [ ] Dental treatment as agreed
- [ ] Advice on fluoride use & prescription for a high fluoride toothpaste or rinse
- [ ] Other: specify _____

What we expect you to do/continue doing

- [x] 

Brush twice per day, at night and one other time. Spit don't rinse.

- [ ] 

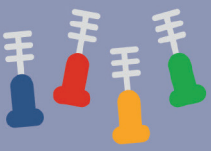
Use a family fluoride toothpaste (1,350 - 1,500 ppm fluoride)

- [ ] 

Keep sugary food and drinks to mealtimes. Don't eat or drink anything sugary in the hour before bed.

- [ ] 

Use support from Help Me Quit
0800 085 2219
www.helpmequit.wales

- [ ] 

Use interdental brushes as shown and advised.

- [ ] 

Attend your appointments when advised. Inform the practice if you cannot attend.

We have agreed that we will review progress you have made in your prevention plan in: _____ **months**
We have also agreed that we will do another full assessment including 'check-up' after 12 months: **MM/YY**