



**STUDY
CLUBS**

JOIN US: Q4 STUDY CLUB

"THE FIGHT ON PERIODONTAL PATHOGENS"

OCTOBER 28TH @ 7:00-9:00 PM EST

OCTOBER 29TH @ 12:00-2:00 PM EST

2 CE CREDITS AWARDED!

**NADG
HYGIENE**



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MEET THE TEAM BEHIND THE MIC:

ARESTIN REPS

CSMS

NADG
HYGIENE

TODAY'S OBJECTIVES:



PERIODONTAL DISEASE & ARESTIN UTILIZATION

- REVIEW PERIODONTAL STAGING & GRADING
- UNDERSTAND THE SCIENCE AND BENEFITS AROUND ARESTIN TREATMENT
- ARESTIN APPLICATION PROCESS AND PATIENT INSTRUCTION



PATIENT SELECTION

- IDENTIFY BEST-FIT CANDIDATES FOR ARESTIN
- UNDERSTAND BENEFITS OF LOCALLY ADMINISTERED ANTIBIOTIC VS OTHER TX RECOMMENDATIONS
- WHEN TO REFER TO A PERIODONTIST



KEYS TO SUCCESS

- EFFECTIVE PATIENT EDUCATION
- OVERCOMING OBJECTIONS

TRACKING SUCCESS

- TRACK AND IMPACT RESULTS
- CONTINUED PRACTICE SUPPORT



TODAY'S OBJECTIVES:

A RECENT CDC REPORT PROVIDES THE FOLLOWING DATA RELATED TO PREVALENCE OF PERIODONTITIS IN THE U.S:

47.2% OF ADULTS AGED 30 YEARS AND OLDER HAVE SOME FORM OF PERIODONTAL DISEASE

70.1% OF ADULTS 65 YEARS AND OLDER HAVE PERIODONTAL DISEASE.

18% MORE COMMON IN MALES THAN FEMALES.

64.2% CURRENT SMOKERS



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NORTH AMERICAN


PDA
PROFESSIONAL
DENTAL ASSOCIATION

**PERIODONTAL DISEASE IS CAUSED BY
BACTERIA.**

nu

LET'S TARGET AND FIGHT THE INFECTION.

EVALUATING PERIODONTITIS: STAGING AND GRADING

Nearly half of US adults >30 years old have periodontitis, the more advanced form of periodontal disease.¹ In addition, periodontitis becomes more common with increasing age.¹

It is important to stage and grade periodontitis in your patients to measure the extent of tissue damage, assess disease complexity, and estimate future risk and anticipated responses.¹

Below are the most current periodontitis staging and grading classifications established at the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions.^{1,2}

		Staging ¹			
		Stage I Mild periodontitis	Stage II Moderate periodontitis	Stage III Severe periodontitis with potential for additional tooth loss	Stage IV Advanced periodontitis with potential loss of dentition
Staging classification					
These images are a visual integration of staging and grading guidelines.					
Severity	Interdental CAL at site of greatest loss	1 to 2 mm	2 to 4 mm	≥5 mm	
	Radiographic bone loss (RBL)	Cortical third (≤15%)	Cortical third (16% to 33%)	Extending to mid third of root and beyond	
	Tooth loss due to periodontitis	No tooth loss		≤4 teeth	≥5 teeth
Complexity	Local	Maximum probing depth ≤4 mm Mostly horizontal bone loss	Maximum probing depth ≥5 mm Mostly horizontal bone loss	Probing depth ≥6 mm Vertical bone loss ≥3 mm Function impairment Class II or III Moderate ridge defects	Need for complex rehabilitation due to Restorative dysfunction Secondary occlusal trauma/tooth mobility degree ≥2 Severe ridge defects Site collapse, drifting, flaring ≥20 remaining teeth (≥10 opposing pairs)

CAL = clinical attachment loss; Hb = hemoglobin.

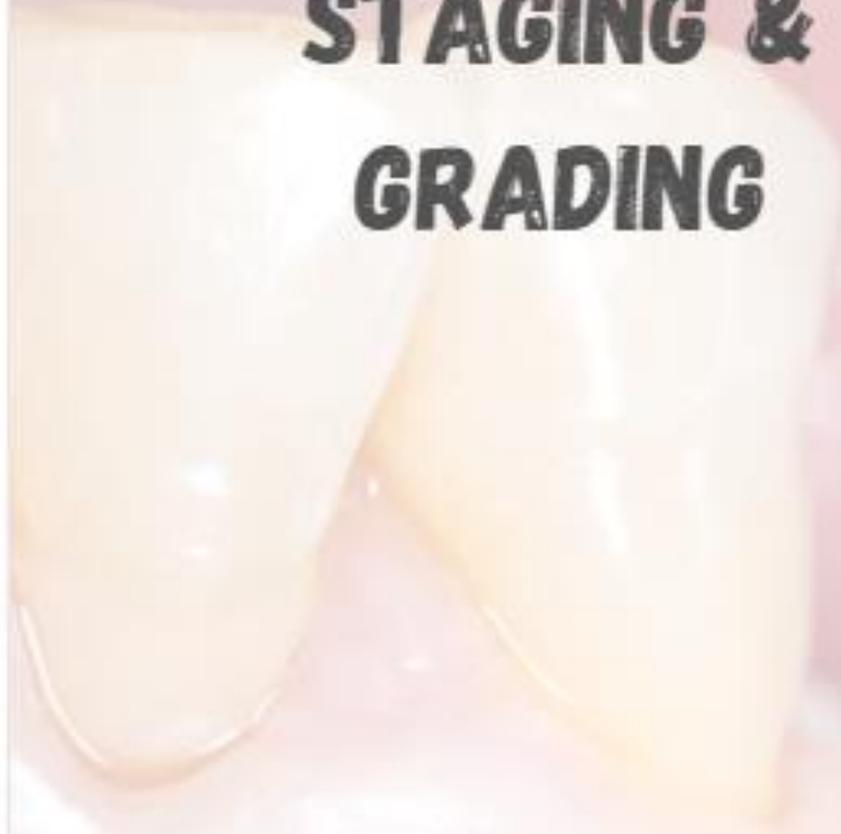
+ = All aspects of the preceding stage in addition to the current stage being considered.

		Grading ¹
GRADE	A	Slow rate of progression <ul style="list-style-type: none"> No radiographic bone loss CAL over 5 years ≤0.25 bone loss/yr Heavy biofilm deposits with low levels of destruction Non smoker Normoglycemic/no diagnosis of diabetes
GRADE	B	Moderate rate of progression <ul style="list-style-type: none"> ≥2 mm bone loss CAL over 5 years 0.25 to 1.0 bone loss/yr Destruction commensurate with biofilm deposits ≥10 cigarettes/day for smokers Highly ≥10% in patients with diabetes
GRADE	C	Rapid rate of progression <ul style="list-style-type: none"> ≥3 mm bone loss CAL over 5 years ≥1.0 bone loss/yr Destruction exceeds expectations given biofilm deposits, modern hygiene patterns, lack of expected response to standard bacterial control therapies and/or early onset disease ≥10 cigarettes/day for smokers Highly ≥50% in patients with diabetes

References: 1. Periodontal disease fact sheet. American Academy of Periodontology. Accessed March 21, 2021. <https://www.perio.org/press-room/periodontal-disease-fact-sheet>. 2. Tonetti MG, Greenwell H, Kornman HS. Staging and grading of periodontitis: framework and proposal of a new classification and new definition. J Periodontol. 2018;89(suppl 1):S109–S115. 3. Staging and grading periodontitis. American Academy of Periodontology. Accessed March 21, 2021. <https://www.perio.org/wp-content/uploads/2018/08/Staging-and-Grading-Periodontitis.pdf>



STEPS TO STAGING & GRADING



Case Study – Alex Ashby

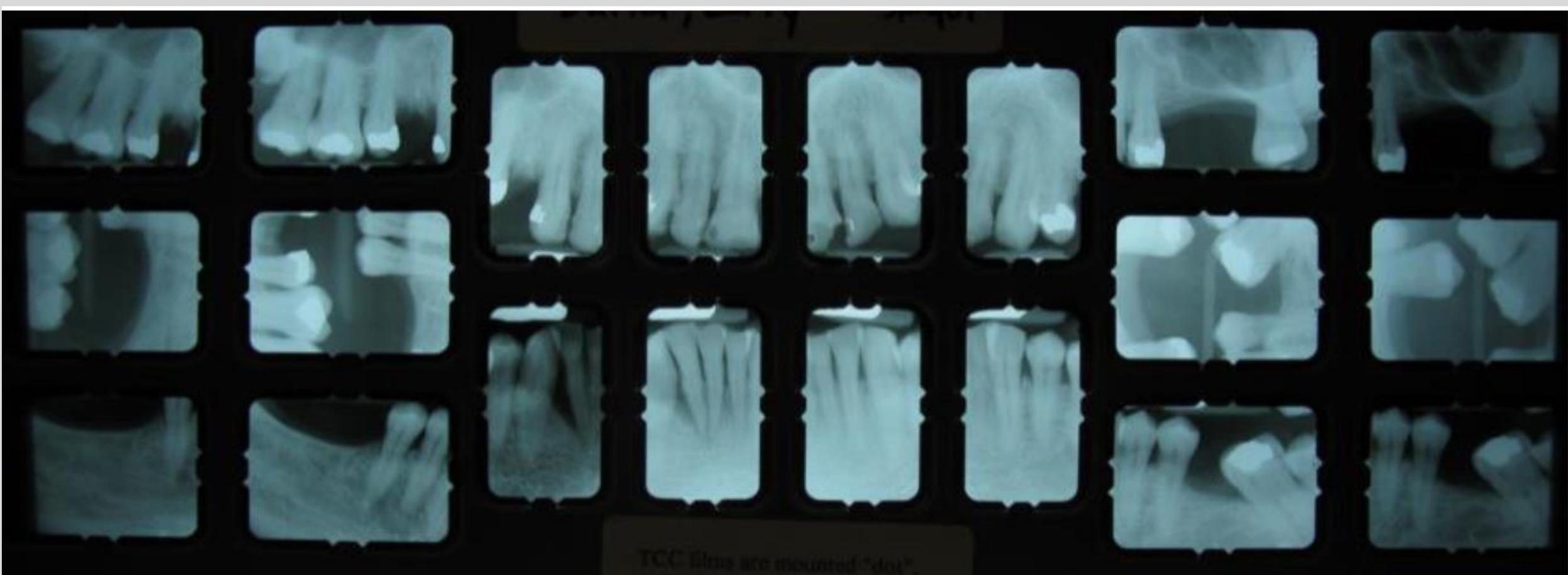


Data Gathering & Background

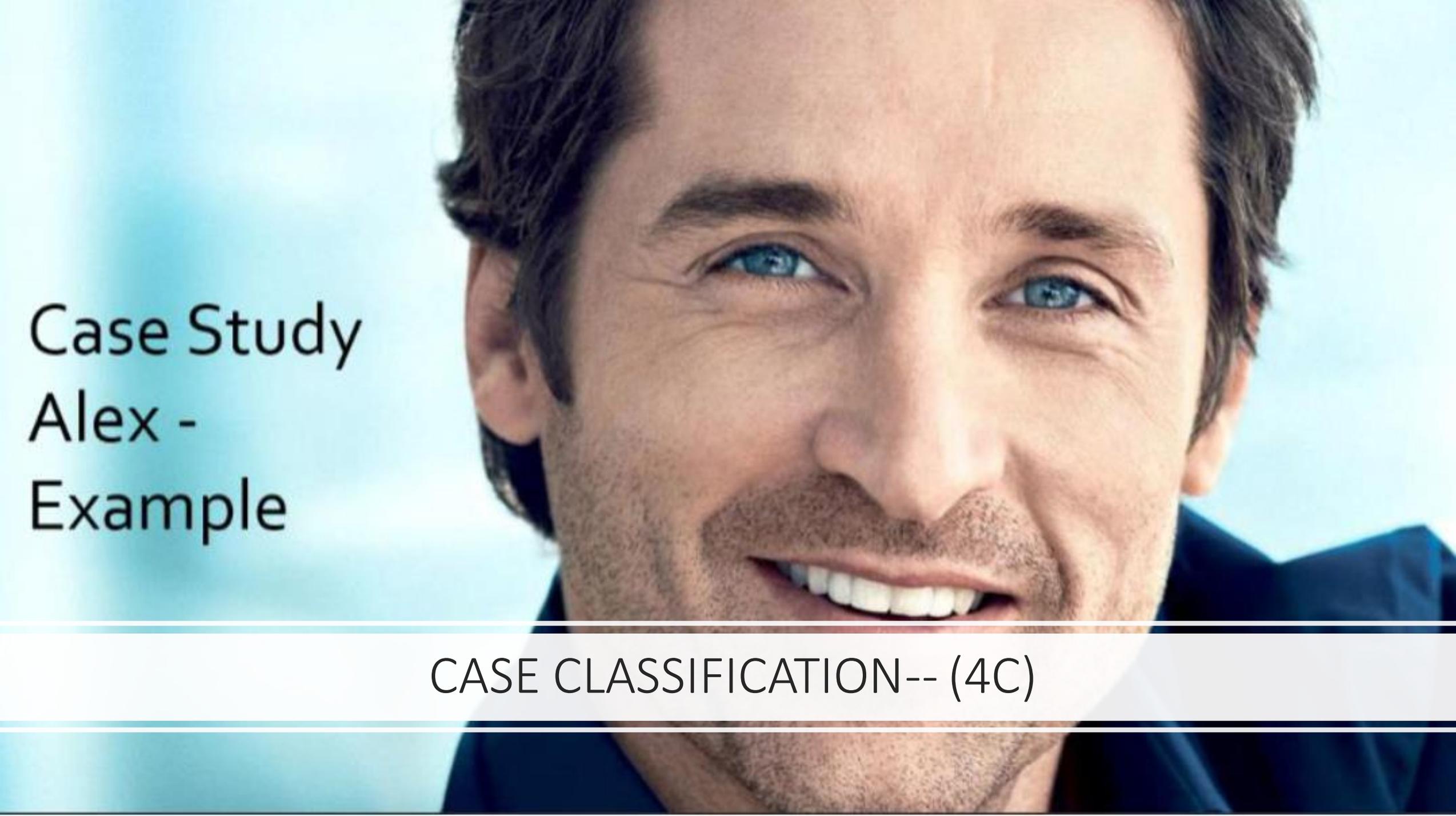
- **50 yr old Male-** Married Construction Worker
- **“CC”-** “Bad breath, Food Collection, & Fear of Dentists. Last cleaning was 10 years ago. Only goes to dentist when something bothers him.”
- **Medical HX:** High Blood Pressure, Acid Reflux, & Depression
- **Meds-**Hydrochlorothiazide, Prevacid, & Wellbutrin
- **Social HX:** Vapes cannabis daily, Smokes 1/pk day-35 years, Drinks 4 alcoholic beverages daily
- **BP:** 148/89 Pulse: 60
- **Periocharting:** Gen 2-7mm pockets, Gen BOP with 2-5mm of Recession, Class II Furcations, Blunted papilla, Gen mod-heavy calculus deposits & staining, Bone loss: 25-50% Gen Horizontal

Intra-Oral Images





Radiographic Images

A close-up portrait of a man with dark, wavy hair, blue eyes, and a light mustache. He is smiling and looking slightly to the right of the camera. The background is a soft, out-of-focus blue sky. The text 'Case Study Alex - Example' is overlaid on the left side of the image.

Case Study
Alex -
Example

CASE CLASSIFICATION-- (4C)

ARESTIN: WHAT IS IT?

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ARESTIN IS A MINOCYCLINE-BASED MEDICATION. IT IS AN ADJUNCTIVE, LOCALLY ADMINISTERED ANTIBIOTIC THAT IS USED IN CONJUNCTION WITH PERIODONTAL THERAPY TO ATTAIN AND IMPROVE GINGIVAL HEALTH FOR THE PATIENT.

ARESTIN: INDICATIONS & CONTRAINDICATIONS



INDICATIONS

ARESTIN (MINOCYCLINE HCL) MICROSPHERES, 1 MG IS USED IN COMBINATION WITH SCALING AND ROOT PLANNING (SRP) PROCEDURES TO TREAT PATIENTS WITH ADULT PERIODONTITIS (GUM DISEASE). ARESTIN MAY BE USED AS PART OF AN OVERALL ORAL HEALTH PROGRAM THAT INCLUDES GOOD BRUSHING AND FLOSSING HABITS AND SRP.

MAY BE USED AT INITIAL SRP OR PERIODONTAL MAINTENANCE



CONTRAINDICATIONS

DO NOT TAKE ARESTIN IF YOU ARE ALLERGIC TO MINOCYCLINE OR TETRACYCLINES

PREGNANT AND NURSING PATIENTS

ARESTIN: HOW IT WORKS


NORTH AMERICAN
DENTAL


PDA
Professional
Dental Association



[HTTPS://WWW.ARESTINPROFESSIONAL.COM/RESOURCE-LIBRARY](https://www.arestinprofessional.com/resource-library)

THE SCIENCE BEHIND ARESTIN...

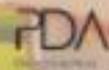
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**MICROSPHERE TIME
RELEASE DELIVERY
SYSTEM- MAX AT 14
DAYS AND FULLY
RESORBED BY DAYS
28-30.**

**CLINICAL RESULTS
MEASURED AND
MAINTAINED FOR 9
MONTHS.**

**LOCAL DELIVERY
SYSTEM-DELIVERS THE
DRUG TO THE BUG!**


NORTH AMERICAN


FDA
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

UTILIZATION & APPLICATION

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1.

PLACE 1 CARTRIDGE (1MG
MINOCYCLINE) PER
POCKET/SITE- NO
REFRIGERATION



2.

IF SITE IS TOO TIGHT FOR
CARTRIDGE TO ENTER,
LIGHTLY FLATTEN TIP WITH
MIRROR AND GENTLY APPLY
ARESTIN CARTRIDGE TO THE
BASE OF THE POCKET/SITE



3.

RE-EVALUATE ALL OTHER
AREA IN AT LEAST 4 -6
WEEKS - DO NOT PROBE THE
AREAS WHERE ARESTIN WAS
PLACED AT THIS VISIT AFTER
YOU PLACE ARESTIN.

PATIENT POST OP INSTRUCTIONS

FOR ONE WEEK AFTER TREATMENT DO NOT TOUCH THE SITES TREATED WITH ARESTIN

AVOID EATING HARD, CRUNCHY, OR STICKY FOODS FOR 1 WEEK

CONTINUE BRUSHING REGULARLY (ELECTRIC OR MANUAL)

DO NOT USE WATERPIK & AIR FLOSSERS IN THAT AREA FOR 10 DAYS.



GOALS OF PERIODONTAL THERAPY:

- **TO PRESERVE THE NATURAL DENTITION**
- **TO MAINTAIN AND IMPROVE PERIODONTAL HEALTH; COMFORT; ESTHETICS AND FUNCTION**
- **TO PROMOTE HEALING AND REPAIR DAMAGE RESULTING FROM INFECTION; DISEASE; AND PATHOLOGY**
- **TO AID IN ORAL SYSTEMIC HEALTH OF OUR PATIENTS**

PDA RECOMMENDED TREATMENT PROTOCOL

PERIODONTAL CLASSIFICATION GRADES B/C ARE AUTOMATIC CANDIDATES FOR ARESTIN THERAPY PLACEMENT.

ARESTIN THERAPY IS BEST USED AT THE TIME OF SRP OR PERIODONTAL MAINTENANCE TREATMENT IN SITES 5MM OR GREATER IN THE PRESENCE OF ACTIVE INFECTION (BLEEDING ON PROBING) AND RADIOGRAPHIC BONE LOSS

IF MANY 5MM OR > POCKETS ARE PRESENT, SELECT THE SITES OF GREATEST CONCERN TO TREAT FIRST AND EXPLAIN THE NEED TO THE PATIENT

IF PATIENT RETURNS AFTER SRP OR PMP TX, USE MECHANICAL INSTRUMENTATION AT THE SITE PRIOR TO ARESTIN THERAPY PLACEMENT

WHEN TO REFER TO A PERIODONTIST?

DISCRETION IS BASED ON THE DATA GATHERED TO INCLUDE CLINICAL FINDINGS & SEVERITY OF MEDICAL RISK FACTORS. ALSO, PATIENTS DIAGNOSED WITH REFRACTORY PERIODONTAL DISEASE – **DESTRUCTIVE PERIODONTAL** DISEASE IN PATIENTS WHEN MONITORED OVER TIME, DEMONSTRATES ADDITIONAL ATTACHMENT LOSS AT ONE OR MORE SITES, DESPITE WELL-EXECUTED THERAPEUTIC AND PATIENT EFFORTS TO STOP THE PROGRESSION OF THE DISEASE.

PERIODONTAL STAGE & GRADE FLOW CHART

CLASS I/II A

- TREATMENT PLANNED SRP – IN OFFICE
- DR. DISCRETION FOR ARESTIN THERAPY
- CHLORHEXIDINE GLUCONATE IRRIGATION
- HOMECARE PRODUCTS (SONICARE/AIR OR WATER FLOSSER/FLUORIDE)
- 4-6 WEEKS RE-EVALUATION (PERIODONTAL CHARTING DOCUMENTED)
- 3-4 MONTH PMP (ARESTIN THERAPY AS NEEDED)

CLASS I/II/III B

- TREATMENT PLANNED SRP – IN OFFICE
- AUTOMATIC ARESTIN THERAPY***
- CHLORHEXIDINE GLUCONATE IRRIGATION
- HOMECARE PRODUCTS (SONICARE/AIR OR WATER FLOSSER/FLUORIDE)
- 4-6 WEEKS RE-EVALUATION (PERIODONTAL CHARTING DOCUMENTED)
- 3-4 MONTH PMP (ARESTIN THERAPY AS NEEDED)

CLASS III/IV B

- TREATMENT PLANNED SRP – IN OFFICE
- AUTOMATIC ARESTIN THERAPY***
- CHLORHEXIDINE GLUCONATE IRRIGATION
- HOMECARE PRODUCTS (SONICARE/AIR OR WATER FLOSSER/FLUORIDE)
- 4-6 WEEKS RE-EVALUATION (PERIODONTAL CHARTING DOCUMENTED)
- 3-4 MONTH PMP (ARESTIN THERAPY AS NEEDED)
- OR DR. DISCRETION TO REFER TO PERIODONTIST***

CLASS III/IV C

- TREATMENT PLANNED SRP – IN OFFICE OR REFERRAL TO PERIO.
- AUTOMATIC ARESTIN THERAPY***
- CHLORHEXIDINE GLUCONATE IRRIGATION
- HOMECARE PRODUCTS (SONICARE/AIR OR WATER FLOSSER/FLUORIDE)
- 4-6 WEEKS RE-EVALUATION (PERIODONTAL CHARTING DOCUMENTED)
- 3-4 MONTH PMP (ARESTIN THERAPY AS NEEDED)
- POSSIBLE PMP TX ALTERNATING WITH PERIODONTIST

Q & A BREAK TIME



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CONNECT WITH PATIENTS: **MARKETING SUPPORT**



Flip Chart

Use this chair-side flip chart to explain periodontal disease to your patients, from diagnosis to treatment with **ARESTIN + SRP**.

Spanish version

Prescribing Information (Spanish)



Patient Brochure

This tool helps explain gum disease and your recommended treatment plan.

Spanish version

Prescribing Information (Spanish)



Education Card

Use this education card to help your patients better understand periodontal disease.

[HTTPS://WWW.ARESTINPROFESSIONAL.COM/RESOURCE-LIBRARY](https://www.arestinprofessional.com/resource-library)



DENTAL EDUCATION ON THE GO.



You choose the place.
We'll bring the knowledge.

ORAPHARMA



DENTAL EDUCATION ON THE GO.

LEARN MORE ABOUT GUM DISEASE



Gum disease is a bacterial infection.
Learn about a treatment plan that may help.



TEXT "BACTERIA" TO 96066 OR SCAN THE
CODE TO DOWNLOAD YOUR BROCHURE.

SCAN ME

Download our app, scan the QR code, or text "BACTERIA" to 96066 to receive your brochure. © 2019 Orapharma. All rights reserved.

COMMUNICATION IS KEY: **TALKING POINTS**

WHEN INCORPORATED INTO A ROUTINE ORAL MAINTENANCE PROGRAM ALONG WITH SRP, ARESTIN:



TARGETED PERIODONTAL BACTERIA TO FIGHT INFECTION AT 1 MONTH.

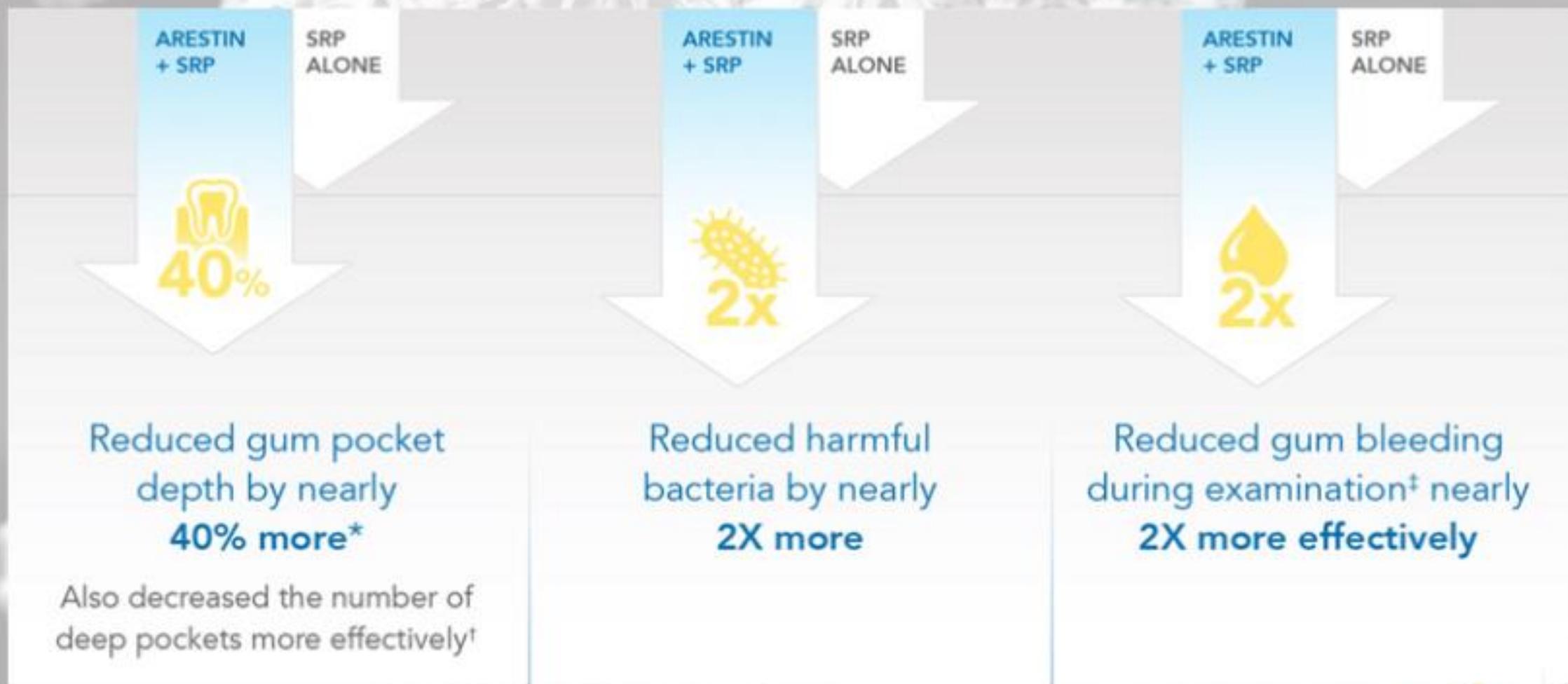


PROVIDES SIGNIFICANTLY GREATER POCKET DEPTH REDUCTION FOR UP TO 3 MONTHS VS SRP ALONE.1†



RESULTED IN REDUCED POCKET DEPTH AFTER 1 MONTH AND MAINTAINED AT 9 MONTHS.

ARESTIN + SRP OUTPERFORMS SRP ALONE



ARESTIN
+ SRP

SRP
ALONE

40%

Reduced gum pocket
depth by nearly
40% more*

Also decreased the number of
deep pockets more effectively†

ARESTIN
+ SRP

SRP
ALONE

2x

Reduced harmful
bacteria by nearly
2X more

ARESTIN
+ SRP

SRP
ALONE

2x

Reduced gum bleeding
during examination‡ nearly
2X more effectively

BILLING & CODING: ADA & OPEN DENTAL FEES

D4381A (1 SITE)
\$37.00



D4381B (2 SITES)
\$74.00



D4381C (3 SITES)
\$110.00



D4381F (6 SITES)
\$221.00



D4381E (5 SITES)
\$184.00



D4381D (4 SITES)
\$147.00

BENEFITS OF HYGIENE TREATMENT PLANNING



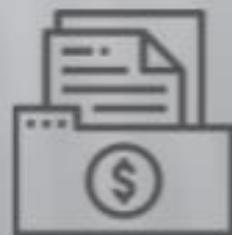
PROVEN SUCCESS IN REGIONS



CONSISTENT PATIENT EXPERIENCE



COMPREHENSIVE LIST OF ALL RECOMMENDATIONS.



PATIENT AND TEAM ARE ON THE SAME PAGE FOR FINANCIALS.

TREATMENT PLAN EXAMPLES

Date	Priority	Tth	Surf	Code	Sub	Description	Fee	Pt Ins	Sec Ins	Discount	Pat
	1-Urgent			D0274		filmings - four radiographic images	80.00	55.00	0.00	25.00	0.00
	1-Urgent			D0120		periodic oral evaluation - established patient	64.00	40.00	0.00	24.00	0.00
	1-Urgent			D0431		adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	25.00	0.00	0.00	0.00	25.00
						Subtotal	169.00	95.00	0.00	49.00	25.00
	2		LR	D4341		periodontal scaling and root planing - four or more teeth per quadrant PFI Deduct Applied: \$50.00	216.00	148.00	0.00	61.00	67.00
	2		LR	D4341		periodontal scaling and root planing - four or more teeth per quadrant	216.00	188.00	0.00	61.00	47.00
				R6047		PerioRx Chlorhexidine	21.00	0.00	0.00	0.00	21.00
				D4621		gingival irrigation - per quadrant	21.00	0.00	0.00	0.00	21.00
				D4621		gingival irrigation - per quadrant	21.00	0.00	0.00	0.00	21.00
				D4381A		localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth Exclusion	37.00	0.00	0.00	0.00	37.00
	2	31		D4381A		localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth Exclusion	37.00	0.00	0.00	0.00	37.00
						Subtotal	769.00	536.00	0.00	162.00	271.00
	3		UL	D4341		periodontal scaling and root planing - four or more teeth per quadrant	216.00	188.00	0.00	61.00	47.00

Date	Priority	Tth	Surf	Code	Sub	Description	Fee	Pt Ins	Sec Ins	Discount	Pat
	3		LL	D4341		periodontal scaling and root planing - four or more teeth per quadrant	216.00	188.00	0.00	61.00	47.00
	3			D1206		topical application of fluoride varnish Age limitation: 10	25.00	0.00	0.00	0.00	25.00
	3		UL	D4621		gingival irrigation - per quadrant	21.00	0.00	0.00	0.00	21.00
	3		LL	D4621		gingival irrigation - per quadrant	21.00	0.00	0.00	0.00	21.00
	3	14		D4381A		localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth Exclusion	37.00	0.00	0.00	0.00	37.00
	3	16		D4381B		localized delivery of antimicrobial	74.00	0.00	0.00	0.00	74.00

"HI SALLY. THANKS FOR COMING IN TODAY. DR. SMITH AND I HAVE YOU DOWN FOR YOUR PERIODONTAL THERAPY, WHICH INCLUDES IRRIGATING YOUR GINGIVAL POCKETS DEPTHS AND PLACING THE LOCALLY ADMINISTERED ANTIBIOTIC ARESTIN IN 5 AREAS. YOUR COPAY IS \$185.00."

EFFECTIVE VERBIAGE

"HI SALLY. THANKS FOR COMING IN TODAY. DR. SMITH AND I HAVE YOU DOWN FOR YOUR PERIODONTAL THERAPY, WHICH INCLUDES IRRIGATING YOUR GINGIVAL POCKETS DEPTHS AND PLACING THE LOCALLY ADMINISTERED ANTIBIOTIC ARESTIN IN 5 AREAS. YOUR COPAY IS \$185.00."

- 1. BE CLEAR AND CONCISE**
- 2. STATE TREATMENT RECOMMENDATIONS**
- 3. STATE COPAY**
- 4. BE CONFIDENT**
- 5. PAUSE**
- 6. OVERCOME OBJECTIONS WHEN THEY ARE PRESENTED**

OVERCOMING OBJECTIONS #1



"WHY CAN'T YOU JUST GIVE ME AN ANTIBIOTIC PILL TO TAKE IF I HAVE AN INFECTION?"



PINK EYE ANALOGY

OVERCOMING OBJECTIONS #2



"WHY DOESN'T MY INSURANCE COVER THIS?"

"MR./MRS. JONES I UNDERSTAND YOUR CONCERNS, BUT KEEP IN MIND THAT DENTAL INSURANCE IS NOT INTENDED TO COVER ALL COSTS, BUT RATHER IT IS SUPPLEMENTAL COVERAGE."

"WHETHER OR NOT YOUR PARTICULAR PLAN ASSISTS WITH THERAPY DEPENDS ON YOUR INSURANCE PLAN. OUR EXPERIENCE HAS BEEN THAT MOST PLANS DO ASSIST WITH THIS TREATMENT, BUT THE PERCENTAGES VARY GREATLY."

"IF YOUR SPECIFIC PLAN DOES NOT SUPPLEMENT COVERAGE FOR THIS PROCEDURE, WE HAVE MANY FINANCING OPTIONS THAT WE WILL GO OVER WITH YOU."

OVERCOMING OBJECTIONS #3

“WHAT IS A PERIODONTAL MAINTENANCE PROCEDURE...HOW IS THIS DIFFERENT FROM MY REGULAR CLEANING?”

YOU WANT TO KNOW WHAT'S INVOLVED IN THE ONGOING CARE OF YOUR PERIODONTAL DISEASE?

THAT IS A GOOD QUESTION. AFTER ALL, THIS IS A COMMITMENT YOU ARE MAKING TO YOUR CONTINUED GOOD HEALTH.

THE PROCEDURE KNOWN AS PERIODONTAL MAINTENANCE IS DONE 3 TO 4 TIMES A YEAR. DURING THESE VISITS, WE WILL ASSESS THE HEALTH OF YOUR GUMS AND PERFORM THE PROPER PROCEDURES THAT CAN HELP MAINTAIN PERIODONTAL HEALTH AND KEEP YOU FROM ACTIVE INFECTION. BY PLACING A LOCAL ANTIBIOTIC WHEN INDICATED, WE CAN HELP PREVENT DISEASE PROGRESSION AND THE POTENTIAL NEED FOR COSTLY SURGICAL INTERVENTION.

OVERCOMING OBJECTIONS #4

CAN I GET THIS DONE LATER?

“YOU WOULD LIKE TO DELAY TREATING YOUR INFECTION?”

I UNDERSTAND THE TEMPTATION TO DELAY YOUR TREATMENT. HOWEVER, YOU HAVE AN ACTIVE INFECTION IN YOUR MOUTH THAT WILL NOT GET BETTER ON ITS OWN.

DELAYING YOUR TREATMENT MAY CAUSE THIS INFECTION TO BECOME MORE DIFFICULT TO TREAT. OUR GOAL IS TO TREAT YOUR INFECTION AS SOON AS POSSIBLE TO AVOID THE RISK OF FURTHER DISEASE PROGRESSION, WHICH INCLUDES POSSIBLE LOSS OF TEETH AND BONES.

TEAM IMPLEMENTATION: WE ARE BETTER TOGETHER



FOLLOW THE PDA GUIDELINES AND ARESTIN PLACEMENT RECOMMENDATIONS TO HELP TREAT YOUR PERIODONTAL PATIENTS. EDUCATE THE PATIENT ON THE BENEFITS OF APPLYING THE LOCALLY ADMINISTERED ANTIBIOTICS, ASK IF THEY HAVE ANY QUESTIONS, PAUSE, AND GIVE EVERY PATIENT THE OPPORTUNITY TO SAY "YES!" AND LET THEM KNOW YOU ARE ADDING ARESTIN INTO THE TREATMENT PLANS.



IDENTIFY PATIENTS ON THEIR SCHEDULE THAT ARE OVERDUE IN HYGIENE. PRINT OFF UPCOMING HYGIENE TREATMENT PLAN. MAKE PATIENT AWARE OF OUT-OF-POCKET COST FOR HYGIENE VISIT.



MAKE PATIENT AWARE OF OUT-OF-POCKET COST FOR HYGIENE VISIT. COMMUNICATE COPAYS AT CONFIRMATION CALL. COLLECT COPAY.



SUPPORT THE HYGIENISTS WITH RECOMMENDING BEST IN CLASS CARE—EVERY PATIENT, EVERY VISIT.



IDENTIFY OPPORTUNITIES TO IMPROVE CASE ACCEPTANCE. IS YOUR OFFICE TRENDING IN THE RIGHT DIRECTION? IF NOT, ENSURE WE ARE OFFERING THE SERVICES UPFRONT AND EQUALLY TO ALL PATIENTS BY INSPECTING TREATMENT PLANS. OBSERVE PATIENT INTERACTION. USE THE BEST PRACTICE CHECKLIST TO SEE IF PATIENT EDUCATION IS ON POINT.

FINAL Q & A



YOUR CLINICAL SERVICES TEAM



Yanique
GEORGIA
NEW YORK



Charo
MICHIGAN
TOLEDO
NE OHIO
TEXAS



Kelly
HYGIENE TEAM LEADER



Ashton
CENTRAL OHIO
ILLINOIS
INDIANA
WESTERN PA
STEUBENVILLE



Danielle
FLORIDA
CONNECTICUT
MASSACHUSETTS
TENNESSEE



OUR PARTNERS: ORAPHARMA CONTACTS



EMILY STACY, RDH
CORPORATE ACCOUNT MANAGER
469 243 5069
ESTACY@ORAPHARMA.COM



TIM BURGESS
NATIONAL ACCOUNT MANAGER
704 747 2342
TBURGESS@ORAPHARMA.COM

THREE EASY STEPS

HOW TO ORDER

**STUDY
CLUBS**

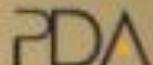
- 1. CHRISTINE (CHRIS) WHITE- CUSTOMER CARE REPRESENTATIVE
CHRIS.WHITE@HENRYSCHN.COM
PHONE 800-488-6113 EXT. 2293061 / FAX 631-390-8171
7:30 A.M. - 4:00 PM CST**
- 2. EMAIL SPECIALMARKETS@HENRYSCHN.COM (IF CHRIS IS OUT OF OFFICE)**
- 3. CONTACT YOUR LOCAL ARESTIN TERRITORY REPRESENTATIVE**



HYGIENE HUB




NORTH AMERICAN
ASSOCIATION OF
DENTISTS


PDA
PEDIATRIC
DENTAL ASSOCIATION

PRACTICE THROUGH THE LENS OF **LOVE**

**HYGIENE
HUB**



HYGIENE HUB: EPISODE 12:

"APPROACHING PERIODONTAL DISEASE WITH LOVE"

NOVEMBER 17TH @ 1:15 PM EST

NOVEMBER 19TH @ 12:15 PM EST

