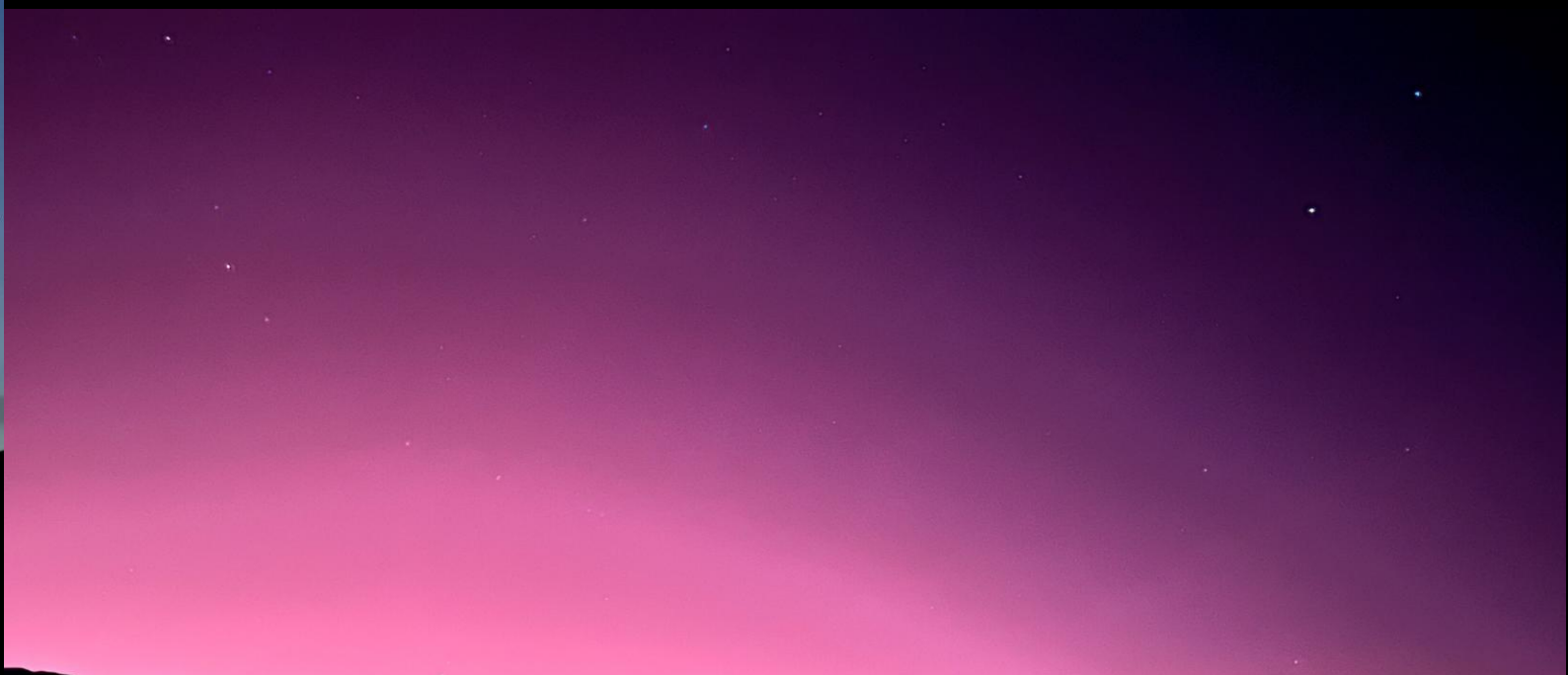


# Lasers In Dentistry

Timothy M. Bizga, DDS, FAGD









# THANK YOU FOR YOUR ATTENDANCE\*

Complete the form below to gain access to  
FREE handouts, special offers & exclusive information.



First Name

First Name

[www.2thLectures.com](http://www.2thLectures.com)

# ABOUT ME





# DISCLAIMER

I participate in several product reviews each year to keep up with the latest materials, techniques, and services. This ensures that the information I share is current and relevant to today's continuing education needs.

Today, I will be discussing some of these products and services with you.

Today I am supported in part by:

Deka Laser & Colgate

**Colgate-Palmolive is 220  
years old this year!**



# Colgate outranking #2 Coke (42%) and #3 Dove (37%)

Present in over

**61%**  
*of homes  
globally*



Caring for people's  
oral health in over

**200**  
*countries*



Reaching over

**1 billion  
people**

with our Bright Smiles,  
Bright Futures  
education program



# World's Most Recognizable Brands



# Objectives

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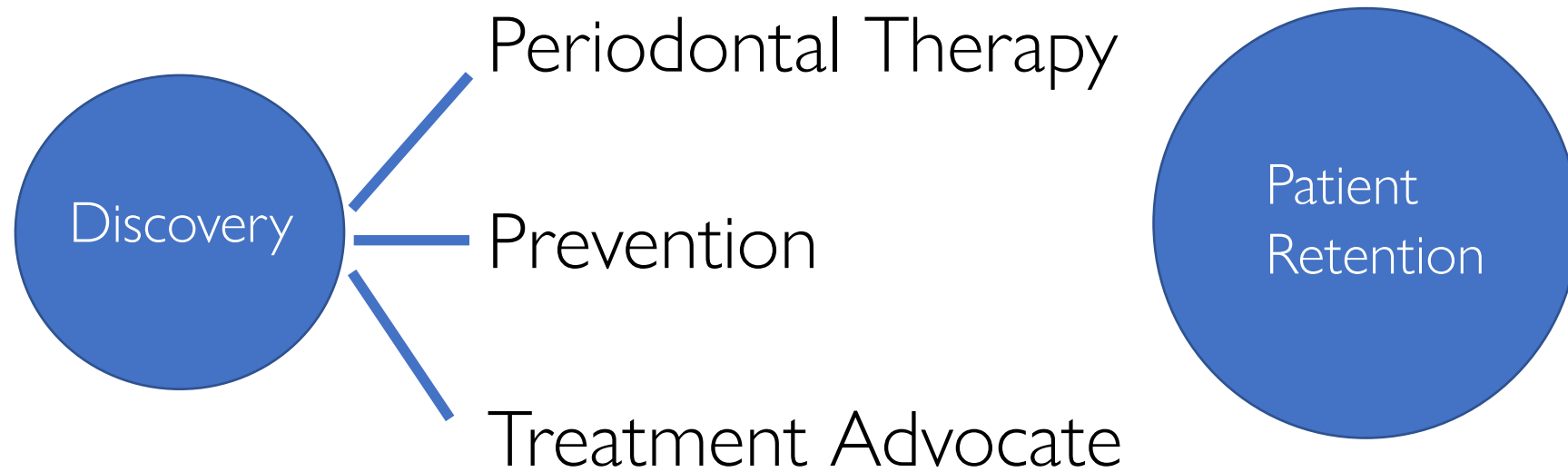
- Share my experience and tell stories
- Be authentic
- Have fun



The most damaging phrase  
in the language is:  
"It's always been done that way."

Grace Hopper

# TRUE Role of The Hygiene Team



## 1 HEALTH HISTORY & RISK ASSESSMENT

- ▶ A comprehensive Medical/Dental History form must be completed and reviewed with each patient.
- ▶ Blood Pressure screening on all adult patients
- ▶ List of medications and supplements
- ▶ Pre-medication needed? Taken?
- ▶ Recent surgeries and/or visits to the physician/hospital/urgent care.
- ▶ Use separate Risk Assessment form or use Medical/

## 2 PATIENT WANTS & NEEDS

- ▶ Cosmetic wants?
- ▶ Areas of sensitivity or pain?
- ▶ Other concerns: Crowding, grinding, or snoring?

## 3 RADIOGRAPHS & INTRA ORAL PHOTOS

- ▶ Decay?
- ▶ Bone loss or periodontal involvement?
- ▶ Abscess?
- ▶ Intra Oral Photos
- ▶ Identify areas of concern
- ▶ Condition of existing restorations
- ▶ Periodontal concerns
- ▶ Home care review
- ▶ Review of treatment previously completed

## 4 ORAL ASSESSMENT

- ▶ General Oral Assessment
- ▶ Calculus detection
- ▶ Decay or demineralized areas?
- ▶ Evaluation of existing restorations
- ▶ Sensitivity?
- ▶ Oral Hygiene Evaluation
- ▶ Occlusal analysis

## 5 ORAL CANCER SCREENING

- ▶ Head/Neck Exam
- ▶ Tongue
- ▶ Tonsils
- ▶ Cheeks
- ▶ Palate

## 6 COMPREHENSIVE PERIODONTAL ASSESSMENT

- ▶ Include 6 point probing, bleeding, furcations, mobility, recession, and exudate

# #1: Health History & Risk Assessment

- Comprehensive Medical/Dental History
  - When was the last time you saw your doctor?
  - When was the last time you were at urgent care?
  - ....What was that for?
- What medications are you currently taking?
- Blood Pressure & Pulse



# Periodontal Risk Factors

- Diabetes
- Smoking
- Pregnancy
- Age
- Genetics
- Oral Hygiene
- History of Periodontal Disease

A doctor in a white coat with a stethoscope around their neck is holding a white rectangular sign with both hands. The sign has the words "Risk Factor" written on it in a large, bold font. "Risk" is in red and "Factor" is in black.

**Risk  
Factor**

# GLP-1 Drugs and Dental Practice



**Although it's  
early, some  
watch outs are  
already clear!**

# GLP-1 Medications

- **GLP-1 Medications** are taking the US (and the world) by storm.
- 12.4% of the US population has taken a GLP-1<sup>1</sup>
- Initially utilized primarily for glycemic control in patients with type 2 diabetes mellitus and for chronic weight management in patients with obesity.<sup>2,3</sup>
- Now, we have multiple brands and formats of “weight-loss” GLP-1 medications, you probably recognize brands like Ozempic, Mounjoro, and Wegovy

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## PHARMACOLOGY

### The oral-systemic frontier: navigating the dental implications of GLP-1 receptor agonists

Mark Donaldson, BSP, ACPR, PHARM, FASHP, FACHE ■ Jason H. Goodchild, DMD

**T**he rapid proliferation of glucagon-like peptide-1 (GLP-1) receptor agonists (RAs) has introduced a unique and formidable set of challenges to the field of clinical dentistry.<sup>1</sup> These medications, which include widely recognized agents such as semaglutide and tirzepatide, were initially utilized primarily for glycemic control in patients with type 2 diabetes mellitus and for chronic weight management in patients with obesity.<sup>2</sup> Recently, their therapeutic reach has expanded significantly to address a broader spectrum of metabolic and cardiovascular conditions.<sup>4</sup> The American Diabetes Association standards of care now include expanded recommendations for cardiometabolic risk reduction, with emerging roles for GLP-1 RAs in conditions such as heart failure with preserved ejection fraction and metabolic dysfunction-associated steatotic liver disease.<sup>1,5</sup>

For the general dentist, this shift means that these medications are no longer confined to a specific subset of the patient population but are instead ubiquitous across various demographics, from geriatric patients managing multiple comorbidities to younger adults seeking weight loss intervention.<sup>6</sup> The primary pharmacologic concern for oral healthcare providers (OHCs) stems from what is now termed the *gastric gap*, which is the persistence of significant residual gastric content in a patient scheduled for sedation or anesthesia, despite the patient's strict adherence to traditional

preoperative guidelines to take nothing by mouth.<sup>7</sup> The gastric gap phenomenon may increase the patient's risk of regurgitation and pulmonary aspiration during procedural sedation and general anesthesia, highlighting the importance of reassessing perioperative protocols in the dental office.<sup>7</sup> Delayed gastric emptying is often most pronounced in diabetic patients with poor glycemic control or gastroparesis, and its severity may vary based on the specific GLP-1 RA agent, dosage, and duration of therapy.<sup>7</sup>

#### The incretin revolution and molecular kinetics

Naturally occurring glucagon-like peptide-1 is an incretin hormone released by the intestines. GLP-1 RAs and dual agonists that include both glucose-dependent insulinotropic polypeptide (GIP) and GLP-1 (GIP/GLP-1 RAs) mimic these endogenous hormones produced in the gut that link eating and digestion with insulin release and glucose homeostasis.<sup>8</sup> To understand the possible therapeutic complications associated with these therapies, it is necessary to examine the molecular mechanisms and physiologic impacts of these incretin mimetics. These agents are engineered with significantly longer half-lives than their natural counterparts to facilitate clinical utility, often requiring only weekly administration.<sup>4,5</sup> They function by activating receptors on pancreatic beta cells to stimulate insulin secretion

in a glucose-dependent manner while simultaneously inhibiting alpha cells from releasing glucagon.<sup>1</sup>

Beyond the pancreas, these medications act on receptors in the hypothalamus to suppress appetite and increase satiety, which drives their effectiveness in weight loss.<sup>4,6</sup>

#### Oral healthcare implications of GLP-1 RAs

Among the key healthcare implications of concern for the OHC, the most relevant are the clinically significant delay in gastric emptying, particularly during initiation and dose escalation, and reduction of intestinal motility in patients using these agents (Table).<sup>3</sup>

While the GIP component of dual agonists such as tirzepatide primarily influences fat deposition rather than gastric motility, the net effect of these combination drugs involves a slowed digestive transit that can lead to unpredictable levels of gastric volume at the time of anesthetic procedures.<sup>7</sup>

A distinguishing feature of semaglutide, in particular, is its strong albumin-binding profile.<sup>9</sup> This characteristic leads to prolonged receptor activation throughout the body, including within the salivary glands.<sup>9</sup> Recent pharmacologic research suggests that this persistent stimulation may disrupt the rhythmic calcium and cyclic adenosine monophosphate cross-talk essential for normal salivary secretion.<sup>10</sup> This

Donaldson M, Goodchild JH. The oral-systemic frontier: navigating the dental implications of GLP-1 receptor agonists. *Gen Dent*. 2026 Jul-Aug;74(4):13-17. PMID: 42329607.

1. <https://www.forbes.com/health/weight-loss/glp-1-statistics/>. Accessed July 6, 2026

2. American Diabetes Association Professional Practice Committee for Diabetes. 9. Pharmacologic Approaches to Glycemic Treatment: Standards of Care in Diabetes-2026. *Diabetes Care* 2026; 49 (Supplement\_1):S183-S215.

3. Escudero Samaniego DG, et al. Oral manifestations associated with GLP-1 receptor agonists: A scoping review protocol. *OSF Storage*. 2026 Mar 24 doi:10.17605/OSF.IO/NWTCS. Available at: <https://osf.io/nwtcs/files/shb93>. Accessed April 15, 2026

# Dental Considerations GLP-1s

- Sedation risk may be increased due to the full stomach paradox.<sup>1-3</sup>
- Xerostomia, or Dry Mouth are reported by 10% to 15% of patients (although not listed in their official side effects).<sup>1,2</sup>
- “Ozempic face” refers to the gaunt, sunken appearance that can happen with rapid weight loss. It has been suggested that this side effect may lead to dentures fit and stability loss.<sup>2</sup>
- An “Ozempic Breath” has been also identified, and it may represent a disruption in oral homeostasis towards a dysbiosis, increasing risk for caries and other infections.<sup>2,3</sup>
- A metallic taste (dysgeusia) has been also reported, a condition that may lead to risky dietary choices.<sup>3,4</sup>
- The gastrointestinal effects of GLP-1s can lead to GERD, which combined to hyposalivation, may create an erosive environment.<sup>4,5</sup>

1.- Escudero Samaniego DG, Falconi Tarapues MA, Canarte Vergara BT, Salm MC, Miron Stefani C, Goncalves TMSV, De Luca Canto G, Pauletto P. Oral manifestations associated with GLP-1 receptor agonists: A scoping review protocol. OSF Storage. 2026 Mar 24. doi:10.17605/OSF.IO/NWTCS

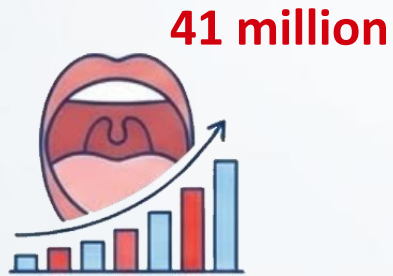
2.- Sanders R. Oral care considerations for patients using semaglutide and similar metabolic medications. ADA News. 2025 Oct 14. Available at: <https://adanews.ada.org/ada-news/2025/october/oral-care-considerations-for-patients-using-semaglutide-similar-medications/>. Accessed April 15, 2026.

3.- Bernardo ME, Dallepiane FG, Escobar M, Cruz ACC, Benfatti CAM. 15 | PageSemaglutide and tirzepatide: Oral cavity effects of weight-loss therapies. EXCLI J. 2026 Jan 9;25:167-169.

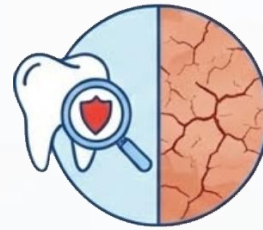
4.- Khan R, Doty RL. GLP-1 receptor agonists significantly impair taste function. Physiol Behav 2025; 291:114793. doi: 10.1016/j.physbeh.2024.114793.

5.- De Fano M, Porcellati F, Fanelli CG, Corio S, Mazzieri A, Lucidi P, Bolli GB, Bassotti G. The role of gastric emptying in glucose homeostasis and defense against hypoglycemia: Innocent bystander or partner in crime? Diabetes Res Clin Pract 2023; 203:110828. doi: 10.1016/j.diabres.2023.110828.

## Why PreviDent?



**Widespread Use of GLP-1s:**



### **Clinical Consequences<sup>1</sup>**

Higher caries risk  
Reduced salivary flow challenge  
Erosive challenge



**Recommendation:  
PreviDent® 5000 ppm**

**Consider the Variants!**

**Mouth and Enamel Protect!**

**Dry**



# Colgate® PreviDent® 5000 ppm

Proven prescription fluoride toothpaste with great taste.



**PreviDent® 5000 ppm Booster Plus**  
(1.1% Sodium Fluoride)  
Toothpaste



**PreviDent® 5000 ppm Sensitive**  
(1.1% Sodium Fluoride and  
5% Potassium Nitrate)  
Toothpaste



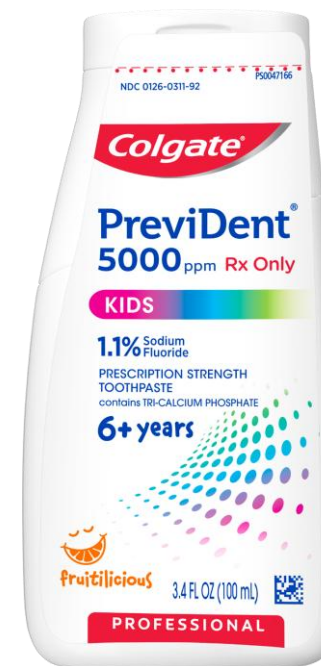
**PreviDent® 5000 ppm Enamel Protect**  
(1.1% Sodium Fluoride and  
5% Potassium Nitrate)  
Toothpaste



**PreviDent® 5000 ppm Dry Mouth**  
(1.1% Sodium Fluoride)  
Toothpaste



**PreviDent® 5000 ppm Ortho Defense**  
(1.1% Sodium Fluoride)  
Toothpaste



**PreviDent® 5000 ppm Kids**  
(1.1% Sodium Fluoride)  
Toothpaste

**INDICATIONS: A dental caries preventive and sensitive teeth toothpaste.**

**IMPORTANT SAFETY INFORMATION:** Do not swallow. Keep out of reach of children. Acute burning in the mouth and sore tongue may be experienced by some individuals. If accidental ingestion occurs, side effects may include nausea, vomiting, diarrhea, and abdominal pain. See Package Insert for additional safety information.

## #2. Patient Wants & Needs – Chief Complaint/Chief Need

- Areas of discomfort?
- Sensitivity?
- Cosmetic wants?
- Whiter teeth?



# #3. Radiographs & Photos

| Type                                            | Frequency                                                                                                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FMX<br>18-20 films                              | 3 years: patients with moderate/high caries risk, and history of periodontal disease.<br><br>5 years: patients with low caries risk, and no history of periodontal disease. |
| Bitewings<br>4 films – adult<br>2 films - child | 6 months: patients with high caries risk<br><br>12 months: patients with low-moderate caries risk<br><br>**vertical bitewings for periodontal patients                      |
| Periapicals                                     | Take as needed when patient reports pain or discomfort.                                                                                                                     |
| Panoramic                                       | 5 years: children, and as necessary for adults                                                                                                                              |

From: American Dental Association, U.S. Food & Drug Administration. The Selection of Patients For Dental Radiograph Examinations. Available on [www.ada.org](http://www.ada.org)

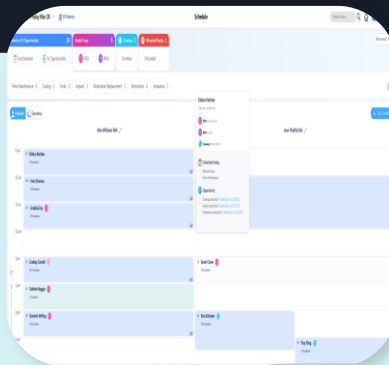
AI in Dentistry

# AI in Dentistry

Diagnostic Assistance



Enhanced Scheduling & Chart Audits



Insurance Verification

| Appointment   | Appointment Date | Insurance Carrier        | Insurance Plan | Insurance Type | Status       |
|---------------|------------------|--------------------------|----------------|----------------|--------------|
| 0146-304-3101 | 03/15/2024       | Amherst Blue Cross of CA | \$ 5000        | Medicaid       | View Summary |
| 0146-304-3101 | 03/15/2024       | Amherst Blue Cross of CA | \$ 5000        | Medicaid       | View Summary |
| 0146-304-3101 | 03/15/2024       | Amherst Blue Cross of CA | \$ 5000        | Medicaid       | View Summary |
| 0146-304-3101 | 03/15/2024       | Amherst Blue Cross of CA | \$ 5000        | Medicaid       | View Summary |
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| 0146-304-3101 | 03/15/2024       | Amherst Blue Cross of CA | \$ 5000        | Medicaid       | View Summary |
| 0146-304-3101 | 03/15/2024       | Amherst Blue Cross of CA | \$ 5000        | Medicaid       | View Summary |

Workflow and Staffing



## Patient Trust | BY THE NUMBERS



64%

Say they **don't** understand their x-rays during a consultation with their dentist 2

55%

Say **trust in the diagnosis/dentist** is the most important factor in treatment acceptance.<sup>2</sup>

61%

Say they have **switched dentists, sought second opinions or refused treatment** after a diagnosis.<sup>2</sup>

40%

Say they **distrust** dentists.

<sup>1</sup> <https://news.gallup.com/poll/1654/honesty-ethics-professions.aspx>

<sup>2</sup> [https://5664760.fs1.hubspotusercontent-na1.net/hubfs/5664760/Guides%20and%20Studies/Dental%20Patient%20Trust%20Survey\\_8\\_22.pdf](https://5664760.fs1.hubspotusercontent-na1.net/hubfs/5664760/Guides%20and%20Studies/Dental%20Patient%20Trust%20Survey_8_22.pdf)

# Second Opinion®



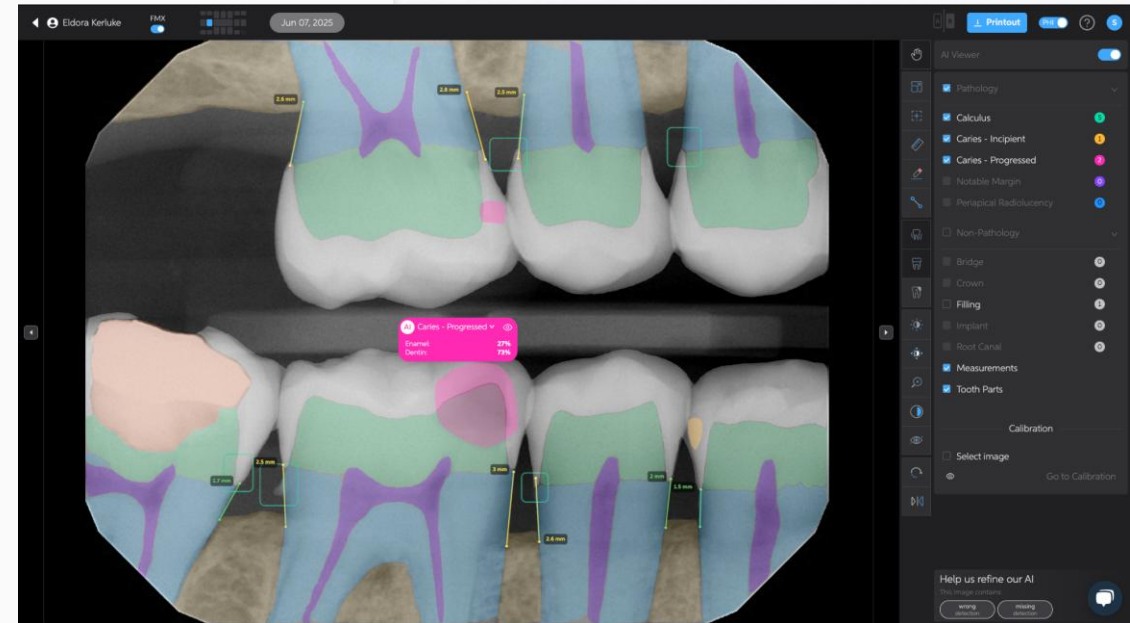
More accurate diagnoses



Improved communication



Timelier treatment



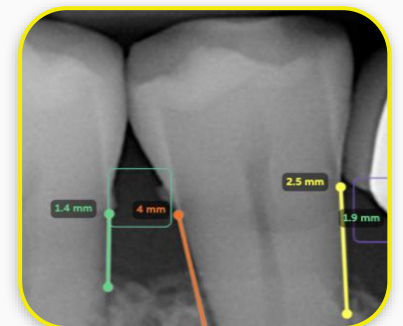
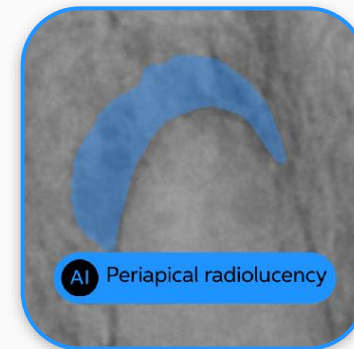
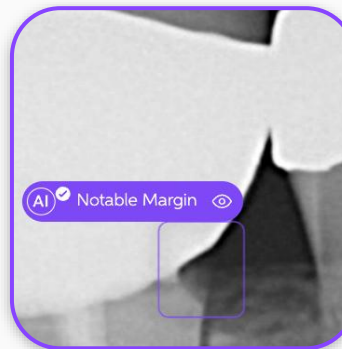
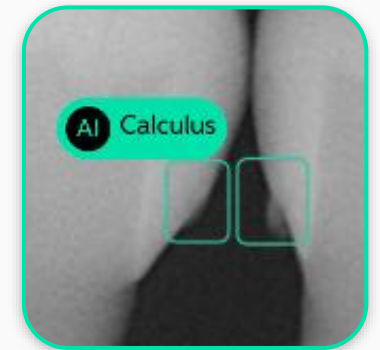
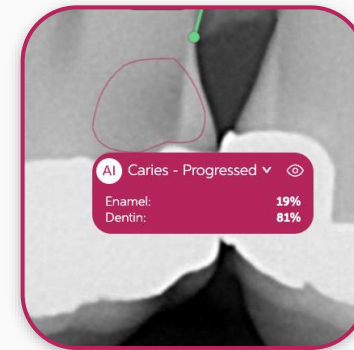
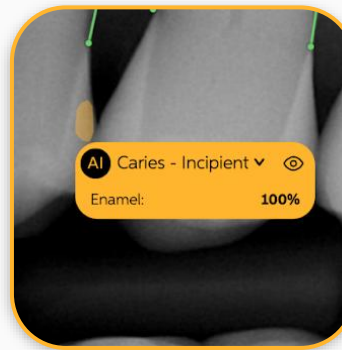
# Features | AI Detections

## Detections

- Decay within enamel
- Decay progressed into Dentin
- Calculus
- Notable Margin
- Periapical Radiolucency

## Bone Level Measurements

- 0 - 2.5mm
- 2.5 - 4mm
- 4mm +





## #4. Oral Assessment

- Broken, cracked or leaking fillings?
- Demineralization and/or Decay
- Plaque & Calculus detection

## #5. Oral Cancer Screening

- Head/Neck Exam
- Tongue
- Palate
- Tonsils
- Cheeks

### Risk Factors:

- Smoking
- Heavy alcohol use
- Excessive sun exposure
- Family History
- HPV

## #6. Comprehensive Periodontal Assessment

- Pocket Depths
  - Bleeding on Probing
  - Recession
  - Exudate
  - Furcation
  - Mobility
- 
- Full Documentation a **minimum** of 1x/Year.





# Co-Discovery

- Inform patient:
  - What you are doing?
  - Why you are doing it?
  - How this assessment affects them?
- “Mrs. Smith, I am going to check the health of your gum tissue....”

# The Power of “YET” in Case Presentation

- A non-threatening keyword that shifts focus from now to inevitability
- Reduces defensiveness across DISC profiles
- Use phrases like:
  - “Is that bothering you YET?”
  - “Is that sensitive to you YET?”
- Encourages proactive, preventive decision-making





# A Shift?

“Pocket depth reduction is a measurable result of periodontal therapy, but not the primary goal of treatment.”



# Goals of Periodontal Therapy

- Preserve, improve and maintain
- Health is described as NO inflammation
  - Clinical Signs:
    - Redness
    - Swelling
    - Suppuration
    - Bleeding on probing

# The Signal

- Redness
- Swelling
- Suppuration
- Bleeding on probing



# Doctor/Hygiene Collaboration

- Triad
- Share all findings from 6-Step Assessment
- Solutions discussed
- Patient responses thus far.



# How can laser therapy help?





# Adding Select Dental Services

- Brilliant Ways to Grow
  1. Dental Implants
  2. Adult Ortho
  3. Sleep Apnea/Lasers
  4. Botox/Fillers
  5. Cosmetic/Preventative Dentistry/ENDO
  6. Robust Hygiene Program



# A Fork in the Road...

- Treat Children
  - Totally fee for service
  - Guiding growth and development
  - 4-6months of habit correction
  - Custom appliance to facilitate eruption
  - Goal is to prevent long-term adverse effects
- Treat Adults
  - Possibility of Medical Billing
  - Sleep studies are required
  - Manage symptoms
  - Multiple appliance options
  - Studies show some remission and lack of long-term efficacy

- Extended Bottle Feeding and Pacifier Use
- Causes Poor Tongue Position and Abnormal Swallowing
- Sugar/ Processed Foods can have an effect
- Poor Oral Habits (thumb / finger / lip sucking, tongue thrust, etc.)

### Mouth Breathing / Snoring

- Restless Sleep / Arousals
- ADD / ADHD
- Bed Wetting
- Chronic Allergies
- Nightmares
- Daytime Drowsiness
- Aggression / Defiance / Anger
- Difficulty in School
- Frequent Infections

### Sleep Disordered Breathing

### Compromised Airway

- Reduces airway / Restricts Airflow
- Reduces Oxygen / Increases CO2
- Affects Brain Function / Immune & Endocrine Systems
- Swollen Adenoids / Tonsils
- Low Tongue Position / Tongue Thrust
- Underdeveloped Dental Arches
- Overjet / Open Bite
- Cross Bite



## SLEEP DEPRIVATION – PERCENTAGE OF INCIDENCE

- Mouth breathing during sleep -1/2 inch opening reduces airway by 6 mm – average airway in 7 year old is 7mm
- Most urgent for diagnosis are in bold type below
- 20 most important symptoms ≤4 – 13+ years

|                               |              |                                     |              |
|-------------------------------|--------------|-------------------------------------|--------------|
| <b>Mouth Breathing Nights</b> | <b>43.0%</b> | Snores 1 Night/Week                 | 24.7%        |
| <b>Snore at All</b>           | <b>37.2%</b> | Sweating During Sleep               | 19.0%        |
| Difficulty Listening          | 34.7%        | Snores 2-4 Nights/Week              | 18.9%        |
| Often Interrupts              | 34.7%        | Bed Wetting                         | 18.1%        |
| Tooth Grinding                | 32.0%        | Hyperactive                         | 17.5%        |
| <b>Talks in Sleep</b>         | <b>31.7%</b> | Attention Deficit                   | 15.7%        |
| <b>Wakes Up at Night</b>      | <b>29.0%</b> | <b>Falls Asleep Watching TV</b>     | <b>13.4%</b> |
| Allergies                     | 28.7%        | Speech Problems                     | 12.9%        |
| <b>Restless Sleep</b>         | <b>26.9%</b> | <b>Difficult, Labored Breathing</b> | <b>12.4%</b> |
| Fidgets with Hands            | 26.6%        | Snores 5-7 Nights/Week              | 8.2%         |
| <b>Mouth Breathes Days</b>    | <b>25.4%</b> | Throat Infections                   | 6.8%         |
| <b>ADHD</b>                   | <b>25.2</b>  |                                     |              |
| Incidence ≥ 1 Symptom         | 90%          | N=501                               |              |
| Incidence ≥ 4 Symptoms        | 60%          | (from Stevens et al, 2016)          |              |



## Findings

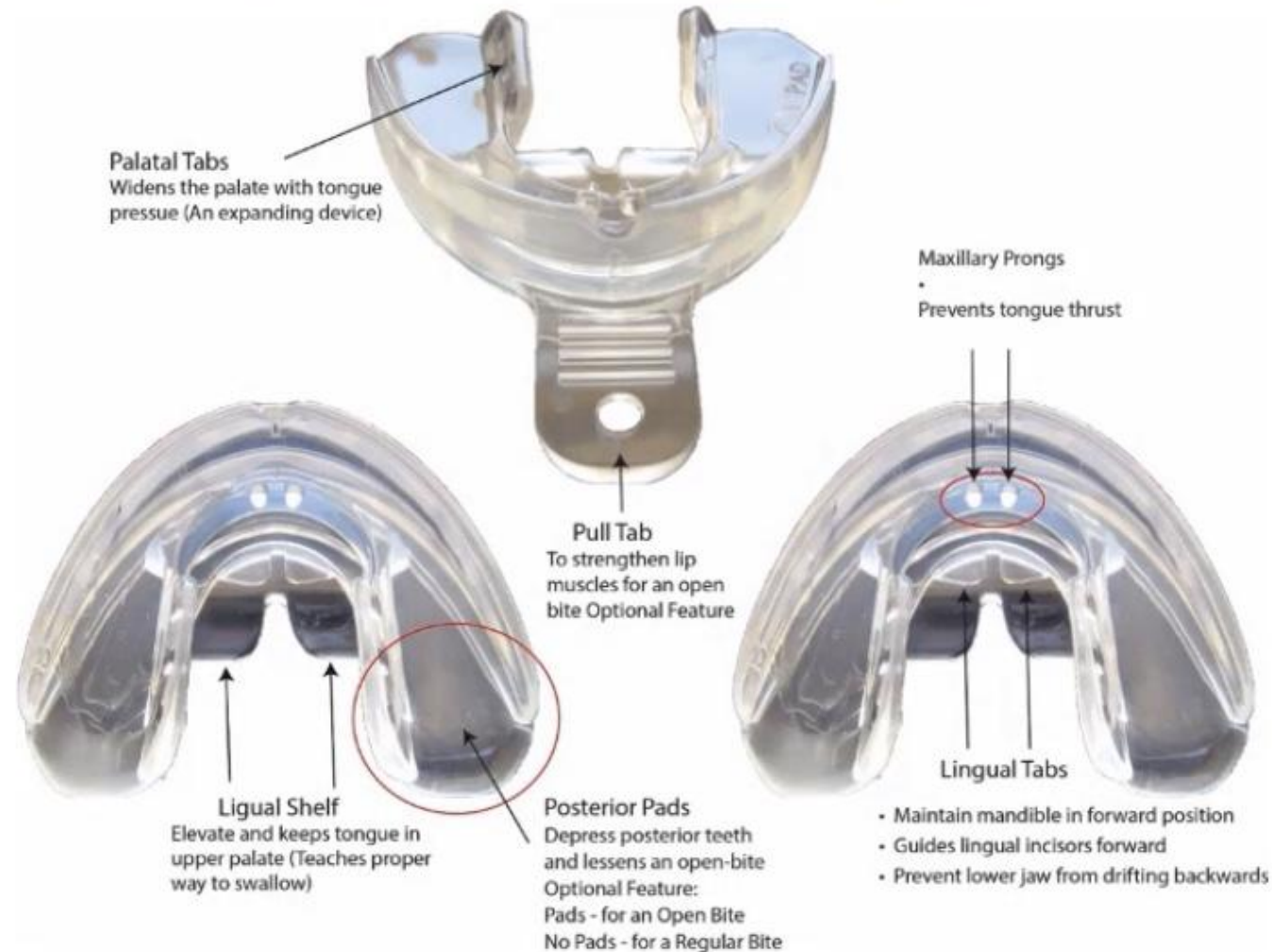
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- Mouth breathing & snoring associated with more SDB symptoms than any of the other symptoms studied
- 90% had  $\geq 1$  SDB symptom
- 60% had  $\geq 4$  symptoms
- 20% experience bedwetting
- From 4 to 12 yo, 92.6% of symptoms **did not self correct**; 30% worsened with age

KIDS  
AGES 5-7

# healthystart™

## HEALTHY START HABIT CORRECTOR® KIDS





# Snoring Myth

Snoring Isn't Dangerous.  
It's just "disruptive"

# Snoring Reality

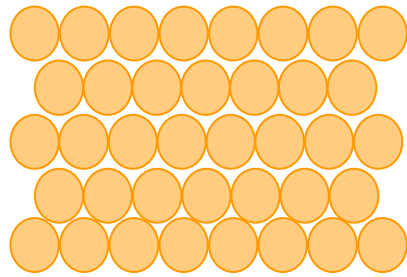
Study conducted on 273 snoring patients

- 4% tested normal for obstructive sleep apnea (OSA)
- 21% had mild OSA (bad and likely to get worse)
- 29% had moderate OSA (really bad – lots of comorbidities)
- 44% had severe OSA (seriously bad – likely to die early)
- 2% had AHI scores  $> 100$  (really really bad – as in call 911 now)

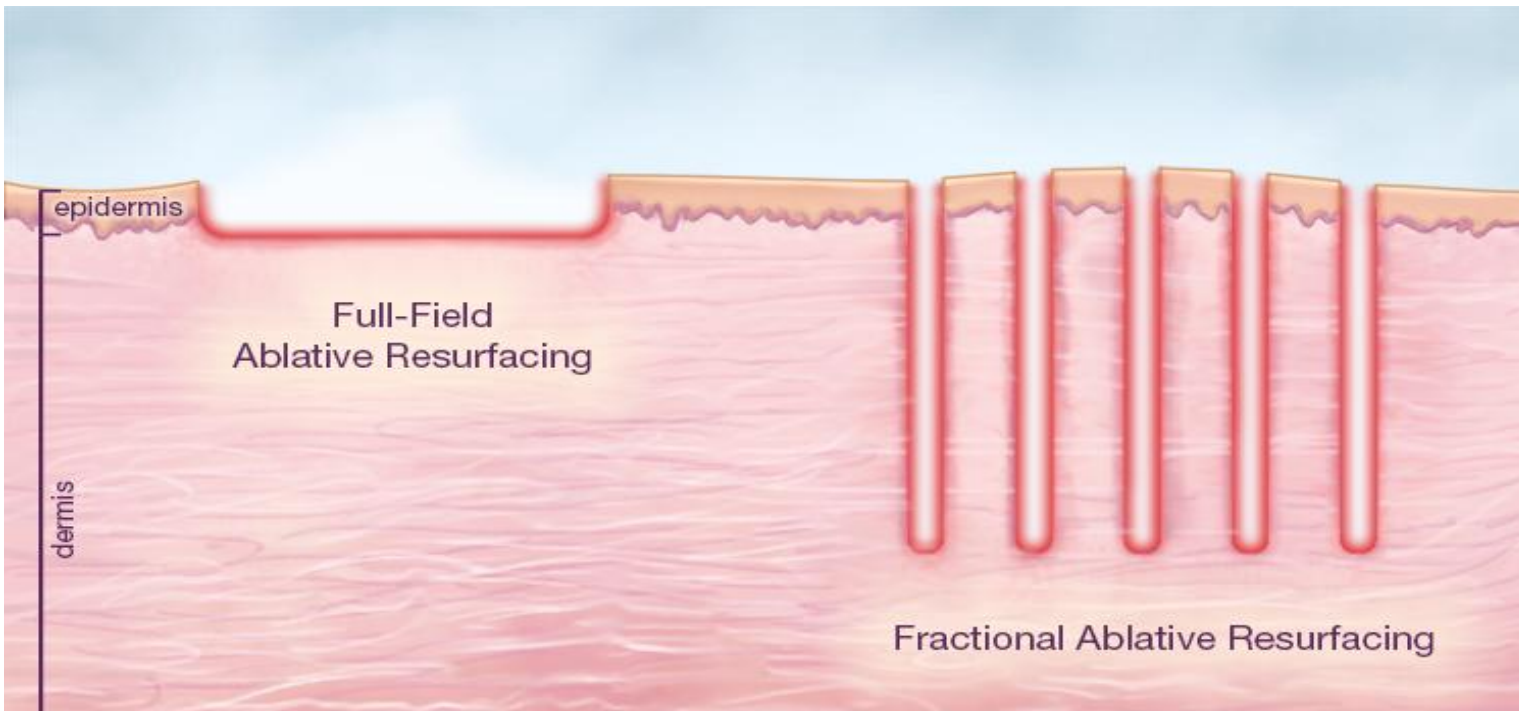
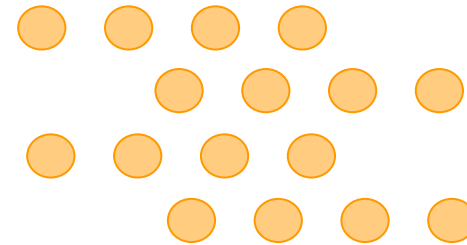
**96% of people in this study who snored also had OSA**

# Fractional Resurfacing vs Full Ablative

**“Horizontal delivery of energy”**  
**Traditional scanning mode**

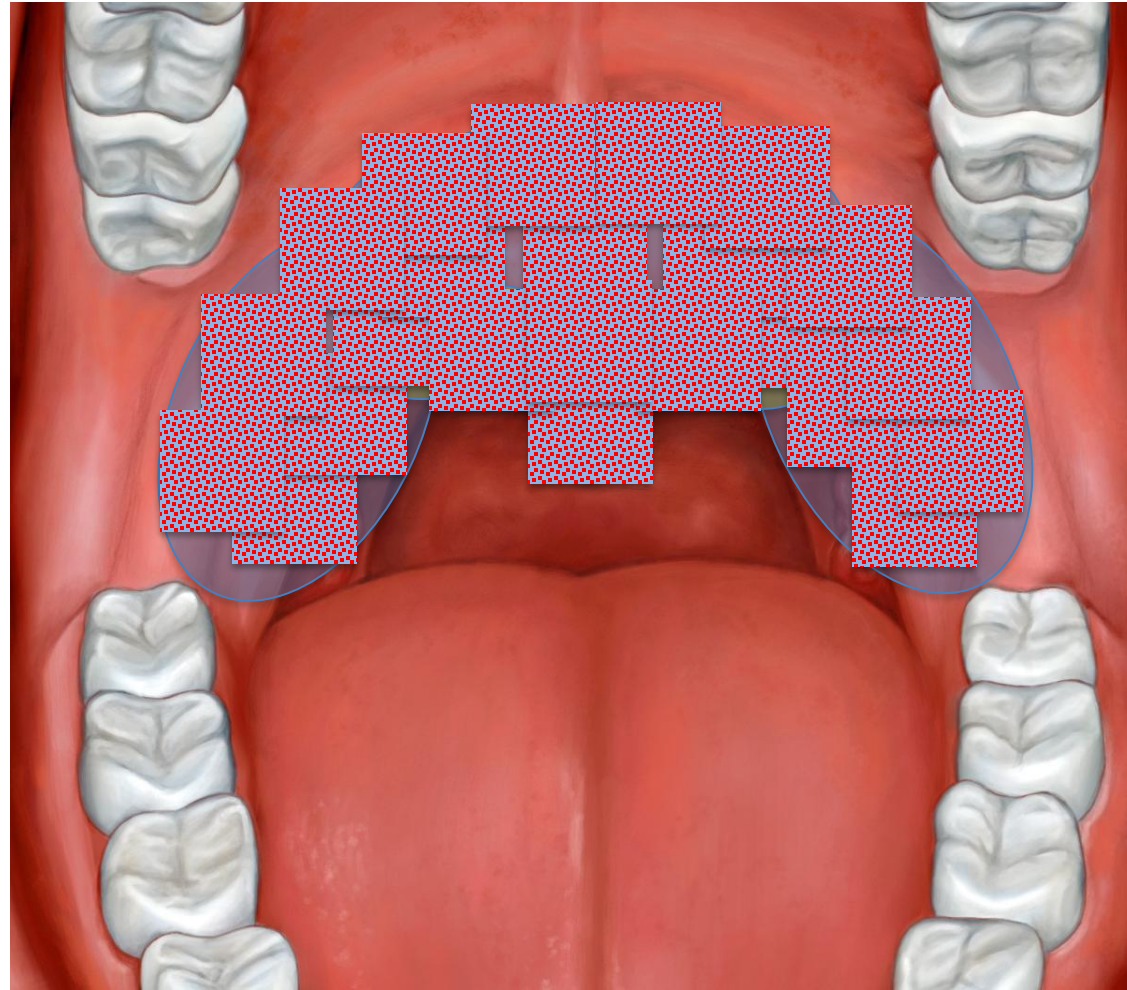


**“Vertical delivery of energy”**  
**Fractional scanning mode**



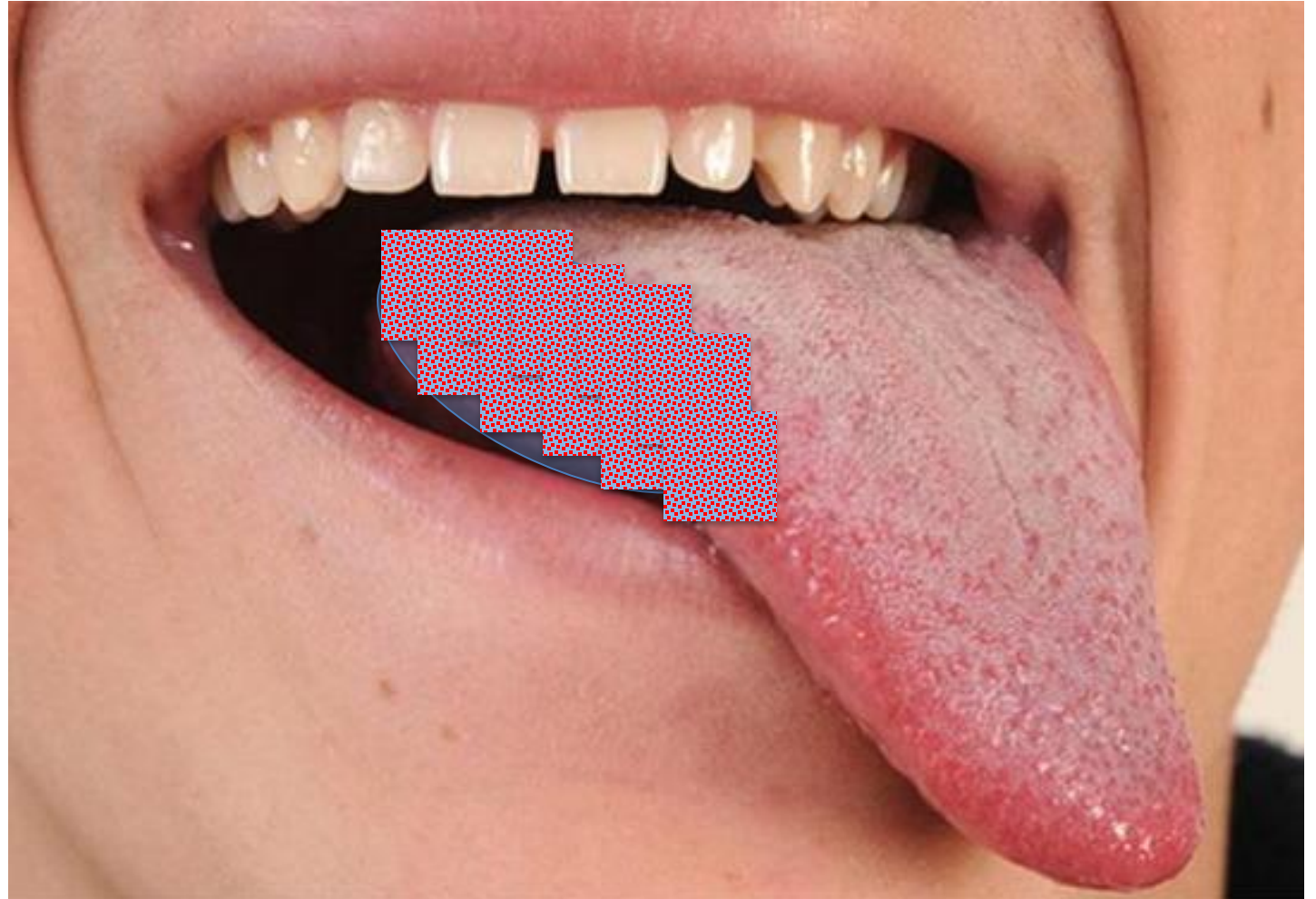
During treatment, a pattern of  
**tiny thermal wounds**  
is created stimulating collagen and  
improving surface tension.  
125 $\mu$ m = primary intention healing  
= no scar tissue

# Target Areas

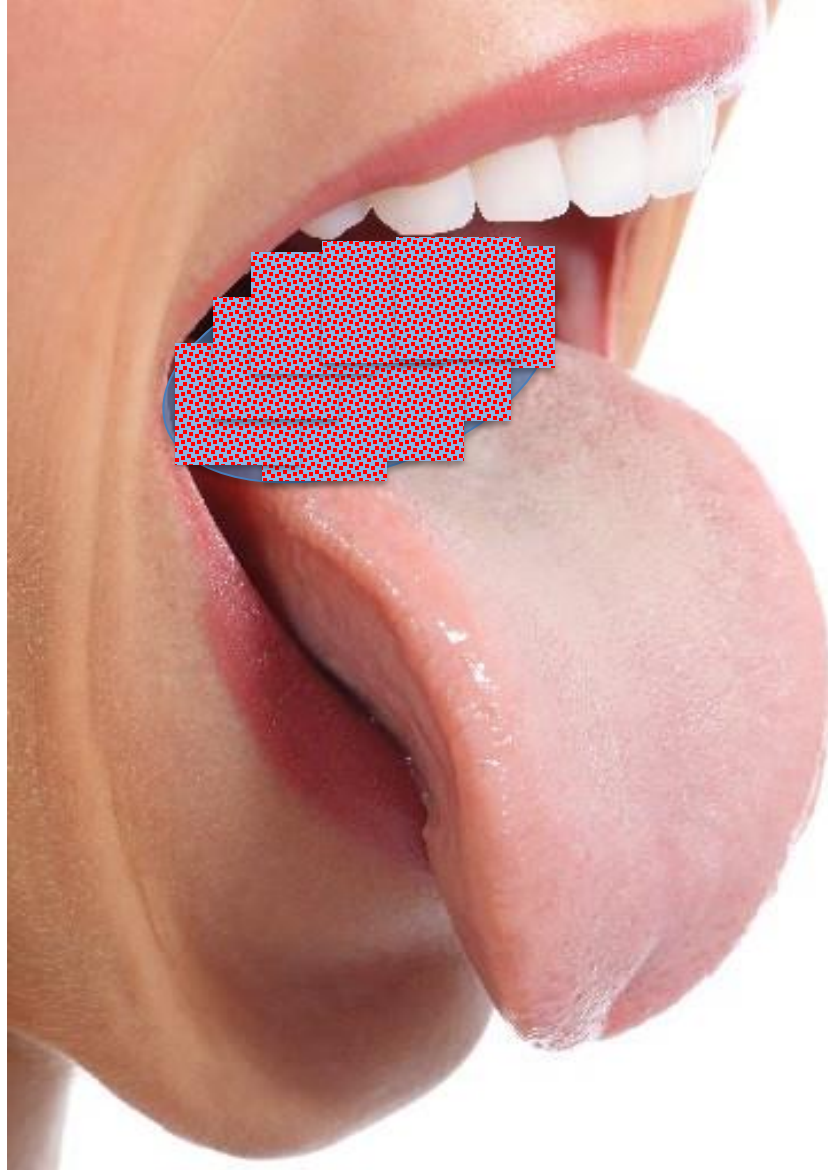


# Target Areas

Lateral border of  
Tongue



Posterior Dorsum of  
Tongue (lingual tonsils)





# Tonsillar Decontamination Results

Before



**Before Treatment**

After



**1 Day After Treatment**

# In Operation



In

w



DEKA Dental Lasers

**Dental wear**



**Narrow palate**



**Scalloped tongue**



**Gum recession**



**Abfraction lesions**



# Signs to Look For



## Treatment Protocol

| PerioProtect | Periodontal and Peri-Implant Diseases |                                                                                          |                                                                                                                       |
|--------------|---------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
|              | Condition                             | Initial Use                                                                              | Daily Maintenance                                                                                                     |
|              | Gingivitis                            | PerioTrays with PerioGel<br>2x per day for 10-15 minutes<br>with first tube of PerioGel. | PerioTrays with PerioGel 1x per day<br>for 10-15 minutes.<br><b>AO ProToothpaste &amp; AO ProRinse</b><br>2x per day. |
|              | Periodontitis                         |                                                                                          |                                                                                                                       |
|              | Peri-Implant Mucositis                |                                                                                          |                                                                                                                       |
|              | Peri-Implantitis                      |                                                                                          |                                                                                                                       |
|              | Inflammation around<br>Crowns         |                                                                                          |                                                                                                                       |

| PerioSciences | Surgery                   |                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
|---------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | Procedure                 | Initial Use                                                                                                                                                                                                            | Daily Maintenance                                                                                                                                                                                                 |
|               | Periodontal Laser Surgery | Week 1 & 2 patient applies<br><b>AO ProVantage Gel</b><br>3-5x per day.                                                                                                                                                | Use <b>AO ProVantage Gel</b> 2x per day.<br>Optimal usage is morning, after daily<br>hygiene regimen and just before bed<br>until bottle is finished.                                                             |
|               | Laser Gingivectomy        |                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
|               | Flap Surgery              |                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
|               | Soft Tissue Grafting      | Tip: While patient is in the<br>chair post-procedure, open<br><b>AO ProVantage Gel</b> 30ml<br>container and apply gel to<br>treated area. Send patient<br>home with remaining bottle<br>of <b>AO ProVantage Gel</b> . | <b>AO ProToothpaste &amp; AO ProRinse</b><br>2x per day.<br><br>Once the bottle of <b>AO ProVantage<br/>Gel</b> has been finished, add <b>PerioTrays</b><br>with <b>PerioGel</b><br>1x per day for 10-15 minutes. |
|               | Implant Placement         |                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
|               | Extractions               |                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |
|               | Endodontic Treatment      |                                                                                                                                                                                                                        |                                                                                                                                                                                                                   |

|  | Intra Oral Conditions |                                                                     |                                          |
|--|-----------------------|---------------------------------------------------------------------|------------------------------------------|
|  | Condition             | Initial Use                                                         | Daily Maintenance                        |
|  | Denture Stomatitis    | Week 1 patient applies<br><b>AO ProVantage Gel</b><br>3-5x per day. | Use <b>AO ProVantage Gel</b> 2x per day. |

### Product Features and Applications

#### PerioProtect Products:

**PerioTray®:** Custom tray with peripheral seal for deep medication delivery

**PerioGel®:** 1.7% hydrogen peroxide oral debriding agent and wound cleanser

**PerioGel:** Mint  
**PerioGel® X:** Sweet mint with xylitol  
**PerioGel® X Neutral:** Unflavored

**ReminGel™:** Mint flavored remineralizing/desensitizing dental gel

#### PerioSciences Products:

**Moisyn™:** Dry mouth oral rinse and mist

10 OZ BOTTLE | 2 OZ MIST (2 PACK)

**AO ProVantage Gel®:** Antioxidant-infused dental gel

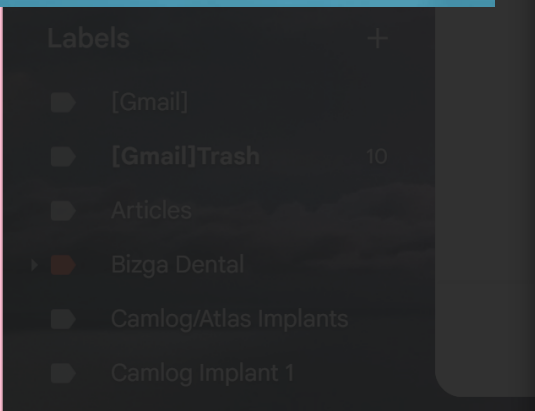
30 ML (STANDARD) | 15 ML (ON-THE-GO)

**AO ProRinse®:** Antioxidant-infused mouthwash  
HYDRATING | SENSITIVE | NATURAL | WHITE CARE

**AO ProToothpaste®:** Antioxidant-infused toothpaste  
HYDRATING | SENSITIVE | NATURAL | WHITE CARE

#### Bibliography and Articles

Scan the QR code to view bibliography and links to published articles, or visit [perioprotect.com/solutions](https://perioprotect.com/solutions)



| rioSciences | Cosmetic Procedures      |                                                                                                                     |                                                                                                                       |
|-------------|--------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
|             | Procedure                | Initial Use                                                                                                         | Daily Maintenance                                                                                                     |
|             | Cosmetic Tooth Whitening | <b>PerioTrays</b> with <b>PerioGel</b><br>2x per day for 10-15 minutes<br>with <b>PerioTray</b> and <b>PerioGel</b> | <b>PerioTrays</b> with <b>PerioGel</b> 1x per day<br>for 10-15 minutes with<br><b>White Care AO ProToothpaste</b> and |

Visit [perioprotect.com/solutions](http://perioprotect.com/solutions) to explore supporting literature. These guidelines are designed to complement your clinical

SUMMARY

“There is no difference between the feeling of helping a patient or standing to the applause of a Broadway audience—it is all about JOY, and that feeling is the [exact] same in both venues. People only think that there is a difference, but they are wrong. Choose to be happy with what you find yourself doing at the present moment. Find your joy.” ~Rory O’Malley





Dr. Tim Bizga

*Like **Dr. Tim Bizga** on  
Facebook*

**2thLectures.com**

Email: **2thLectures@gmail.com**