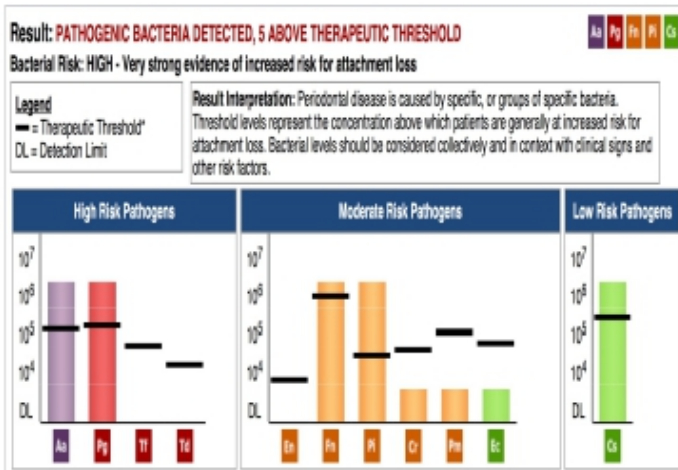


# Take the Learning Deeper with Emphasis in These Areas:

## The New Standard of Care: for Diagnosing and Treating Periodontal Disease

Recording periodontal architecture is not diagnostic for the presence of active disease. Mechanical debridement does not mitigate high-risk periodontal



Evidence clearly identifies that after 100 years... the science of microbiology and known movement and survival of specific pathogens should have altered the methods dentistry has used, and continues to depend on, to diagnose and treat periodontal disease.

Allow Dr John to take your audience on this journey of discovery; the conviction will be immediate. Listeners will be compelled to engage this 'new standard' of care as case studies and clinical stories from his private practice merge with current science.

Scaling and root planning does not kill the high-risk pathogens that have now been implicated in promoting and perpetuating our patient's chronic diseases. The new standard for care... is here... the time is now!

### Learning Objectives:

- ✓ Review and discuss the traditional standard of care for diagnosing and treating periodontal disease
- ✓ Discover the current evidence that mandates dentistry moves to new, relevant, and predictable standard of care for patients
- ✓ Understand 'why' salivary testing for pathogens is foundational for both diagnosing and treating high-risk pathogens successfully
- ✓ Determine the local and systemic importance of salivary testing and specific microbial identification as it relates to pathogen translocation and reinfection potential
- ✓ Learn 'who' is an ideal candidate for pathogen testing and 'when' a test should be recommended
- ✓ Receive practical communication advice along with billing and coding information for engaging new conversations with, and in behalf of, practice patients
- ✓ Discover 'how' this new standard will change and reward the dental practice



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