



# Denture Continuing Care Examination

Patient \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Your blood pressure is: \_\_\_\_\_ / \_\_\_\_\_ Your pulse rate is: \_\_\_\_\_

\_\_\_ Pre-examination anti-bacterial rinse

\_\_\_ Medical history review and update

\_\_\_ Review possible need for prophylactic antibiotics

\_\_\_ Oral cancer screening examination

\_\_\_ Soft / Hard tissue examination

\_\_\_ Saliva evaluation

\_\_\_ Recommendation for dry mouth products

\_\_\_ Evaluation and review of oral hygiene

\_\_\_ Recommendations for oral hygiene aids / products

\_\_\_ Evaluation of existing removable prostheses for fit / wear

\_\_\_ Adjust, clean and polish the removable prostheses as necessary

\_\_\_ Individual x-rays of existing teeth and/or implants – every 1-2 years

\_\_\_ Panoramic x-ray – every 2-3 years (screening view of temporomandibular joints, maxillary sinus, third molars, cysts, tumors and bone pathology)

\_\_\_ Intra-oral / digital camera photography – as needed

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