QUICK CLINICAL WORKFLOW GUIDE

A simple, infection-based roadmap to guide bacterial testing and treatment decisions

🦷 NEW PERIO PATIENT (Diagnosed Today)

Who this applies to:
New patients diagnosed with periodontal disease based on:
- Pocketing
- Bleeding
- Inflammation
- Radiographic bone loss

🔬 What to Do

- At diagnosis, collect a paper-point sample from the deepest bleeding pockets
- Send the sample to MicrobeLink Dx®
- Results available in ~72 hours
- If the patient is ready to begin care, SRP may begin immediately
- Scaling and root planning is always performed for perio patients

💊 When to Consider Systemic Antibiotics

Antibiotics are optional, not automatic. Consider if:
- Infection has been present long-term
- Bacterial load is high (especially red complex)
- Patient has high systemic risk (heart disease, diabetes, autoimmune, etc.)

👉 If infection is not severe:
- Complete SRP without antibiotics
- Re-test in 3–6 months
- Escalate treatment later if needed

🔁 Follow-Up

- Re-test in 3–6 months, depending on severity

🗣️ Verbal Skills

"You have an active infection. This bacterial test tells us how severe the infection is and how aggressively we need to treat it"

♻️ REFRACTORY PERIO PATIENT (Not Responding to SRP)

Who this applies to:
Patients who have completed SRP without bacterial testing and still present with:
- Bleeding
- Inflammation
- Persistent pocketing

🔬 **What to Do**

- Collect a paper-point sample from the deepest bleeding pockets
- Send the sample to MicrobeLink Dx®
- Results available in ~72 hours

💊 **When to Consider Systemic Antibiotics**

Refractory cases are more likely to require antibiotics. Consider if:
- Mechanical therapy alone has failed
- Report shows high bacterial load or aggressive pathogens
- Patient has systemic risk factors

👉 Antibiotics are most effective when combined with biofilm disruption

🔁 **Follow-Up**

- Re-test 3–6 months

🗣️ **Verbal Skills**

"*We've tried scaling and root planning, but the infection is still there. This test shows us why and helps us be more aggressive where needed.*"

🔄 6-MONTH RECARE PATIENT (NOT A PROPHY – "CONVERSION CASE")

Who this applies to:
Patients presenting for prophy recall with:
- Bleeding
- 5 mm pockets
- Inflammation
- New or worsening medical history

🔬 **What to Do**

- Recognize this is not a prophy
- Collect a paper-point sample from the deepest bleeding pockets
- Send the sample to MicrobeLink Dx®

🦷 **Treatment Approach**

- Treat like a new perio diagnosis
- SRP is indicated
- Adjunctive therapy based on bacterial results

💊 **Antibiotics**

• Consider only for severe infection or systemic risk

🔁 **Follow-Up**

• Re-test in 3–6 months

🗣️ **Verbal Skills**

"*This isn't just inflammation. This test shows us what bacteria are keeping your gums from staying healthy.*"

🦷 IMPLANT CANDIDATE (Before Placement)

Who this applies to:
Patients scheduled for implant placement, especially with:
• History of perio
• Bleeding or inflammation
• Bone loss
• Systemic health concerns

🔬 **What to Do**

• Before implant placement, collect a paper-point sample from the implant quadrant
• Send the sample to MicrobeLink Dx®

🦷 **Treatment Approach**

• Treat infection the same way as a perio patient
• If SRP is not indicated, disrupt biofilm prior to antibiotics
• Goal: reduce bacterial load before surgery

💊 **Antibiotics**

• Consider if bacterial load is moderate–high
• Combine with biofilm disruption (not antibiotics alone)

🔁 **Follow-Up**

• Re-test before implant placement to confirm infection control

🗣️ **Verbal Skills**

"*We never want to place an implant into infection. This test helps give you the best possible outcome.*"

🛑 FAILING IMPLANT / PERI-IMPLANTITIS

Who this applies to:
Implants with:
• Bleeding
• Mucositis

- Inflammation
- Bone changes

🔬 What to Do

- At the first sign of tissue changes, collect a site-specific paper-point sample
- Send the sample to MicrobeLink Dx®

🦷 Treatment Approach

- Treat similarly to refractory perio cases
- Disrupt biofilm around the implant
- Use results to guide aggressiveness of care

💊 Antibiotics

Often more appropriate in failing implant cases if:
- Bacterial load is high
- Aggressive pathogens are present

🔁 Follow-Up

- Re-test in ~3 months

🗣️ Verbal Skills

"Implants can get infections just like teeth. This bacterial test tells us how severe the infection is and how aggressively we need to treat it"

❤️ SYSTEMICALLY HIGH-RISK PATIENT

Who this applies to:
Patients with conditions such as:
- Heart disease
- Diabetes
- Pregnancy or pregnancy planning
- Alzheimer's risk
- Autoimmune or immunocompromised conditions
- Joint replacement

🔬 What to Do

- At the first sign of bleeding or inflammation, collect a paper-point sample
- Send the sample to MicrobeLink Dx®

🦷 Treatment Approach

- Treat proactively, even with mild pocketing
- Adjust treatment intensity based on bacterial severity and medical risk

💊 Antibiotics

Consider if:

- Bacterial load is high
- Systemic condition makes infection unsafe

🔁 Follow-Up

- Re-test every 3–6 months

🗣️ Verbal Skills

"Because of your medical history, controlling oral infection is especially important. This test helps us protect your overall health."