

# CariFree

## Caries Risk Assessment Results and Prescription Form

Patient Name/ID# \_\_\_\_\_

Date: \_\_\_\_\_

### Caries Risk Assessment: Results:

CariScreen Results	_____	(RLU's)
Risk Assessment Form Result	Low Mod High	
CariCult Bacterial Culture Result	Low Mod High	
Other Factors	_____	

**Caries Risk Diagnosis:**      Low Risk      Moderate Risk      High Risk

### Prescription:

check all that apply

**CariFree Treatment Rinse 1 Box (2, 4oz bottles)**      Refill Qty: \_\_\_\_\_  
- Use once daily according to box directions until finished.

**CariFree Maintenance Rinse 1 Bottle (16oz)**      Refill Qty: \_\_\_\_\_  
- Use once daily according to bottle directions until finished.

CariScreen in (Circle one):      30 Days      6 Months      1 Year

CariCult in (Circle one):      30 Days      6 Months      1 Year

Other maintenance/dietary suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: As with any prescription medication follow the doctors recommendations and bottle instructions. Please read all product warnings and contact your doctor if you have any questions or concerns. Tell your doctor if you are using any other over the counter oral care products. Do not use Treatment and Maintenance rinse at the same time. Finish any prescribed Treatment rinse prior to starting the Maintenance rinse regimen.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

