

Dental Screening

„Examination on the influence of oral health on early periprosthetic joint infections“

Dear patient,

Date:

please hand this letter to your dentist.

Bring the completed form with you to your next appointment with the surgical team.

Dear colleague,

Mr./Ms.....

Is scheduled for an endoprosthesis insertion.

We therefore kindly ask you to complete this screening form, in order to exclude oral diseases that may pose a risk for endoprosthesis infection.

Please pass on the following information to us:

	yes	no
Is periodontal treatment needed?	☐	☐
Is treatment of carious lesions needed?	☐	☐
Do any of the following oral diseases exist:	☐	☐
• carious destroyed teeth	☐	☐
• strong need for periodontal treatment (Periodontal Screening Index (PSI) 3-4 in more than 2 sextants, suppuration, perio-endo-lesions)	☐	☐
• endodontically and/or peri-apically infected teeth	☐	☐
• inflammatory process in the jawbone	☐	☐
• partially retained or impacted wisdom teeth with formation of peri-coronal inflammation or cyst	☐	☐
• disease of masticatory muscles / jaw joint	☐	☐

The patient's risk of an infectious complication of the endoprosthesis with oral cause is

☐ Low ☐ Moderate ☐ High

The insertion of an endoprosthesis

- ☐ Can be performed as planned
☐ Can be performed as planned, but dental therapy should be scheduled for afterwards
☐ Should not be performed before dental treatment has been completed

Date:.....

Signature:.....