

Root-Cavity Prevention Visit Sheet

My concerns and questions

Bring this sheet to your dental visit. Record what you have noticed; your dental team will determine the cause and appropriate care.

Name: _____ Visit date: _____

1. Changes I want to discuss

New sensitivity or visible change / where:

When it began / what brings it on:

Dry-mouth concerns / when dryness is most noticeable:

2. My recent history and current care

Recent cavities or exposed roots noted by my dentist:

Current toothpaste and other oral-care products:

Bring a current medication and supplement list. Mention recent changes to your medicines or oral-care routine.

3. Questions for my dental team

- ☐ Are any exposed roots showing decay?
- ☐ Is my current fluoride toothpaste appropriate?
- ☐ Would prescription fluoride or varnish help me?
- ☐ Does my dry mouth need further evaluation?

Do not poke or scrape a suspected cavity to test it.

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My dental team's recommendations

Complete this page with your dentist or hygienist. Copy product directions accurately and clarify anything you do not understand.

1. Findings and next steps

Areas needing attention / findings explained to me:

Recommended treatment or monitoring / timing:

2. My prevention plan

Recommended toothpaste or other product:

Directions / frequency / duration, if applicable:

Gentle brushing and between-teeth cleaning advice:

Dry-mouth follow-up / who to contact:

3. Follow-up and remaining questions

Next appointment / plan reviewed by:

Question I still need answered:

New or worsening symptoms need dental evaluation. This sheet does not diagnose decay or replace professional care.

Reference: CDC, About Fluoride (cavity prevention).
