



Smiles That Last: Your Patient Success Plan

*Because great oral health is more than just a smile -
it's a powerful foundation for whole-body wellness.*

Welcome to CariFree!

In this guide, you will find:

- Steps to guide you on the implementation of CariFree
- Patient education scripting
- CRA Form
- A guide to help you build a personalized protocol
- And more!

Tips for Long-Term Success

- Make CariFree a regular topic in team meetings to review progress, celebrate wins, and adjust as needed.
- Plan a yearly refresher training to keep your team sharp and aligned.
- Use First In, First Out (FIFO) inventory management to ensure product freshness and easy re-stocking.

We're Here to Support You! Reach out any time.

866.928.4445
carifreepro.com



☐ **Step 1: Choose a Champion**

Select a team member to lead the education and implementation of CariFree within your practice. This point person will help drive consistency and success.

☐ **Step 2: Schedule Your Path to Success Call**

Connect with your Customer Care Manager to guide you on your personalized path to success.

☐ **Step 3: Build Your Protocol**

Complete the “Building Your Protocol” guide to customize CariFree for your office’s workflow.

☐ **Step 4: Rehearse. Refine. Shine.**

Use the implementation scripting provided to rehearse patient conversations as a team. Every patient interaction is a chance to create lasting change. Preparation is the key to delivering with clarity and confidence.

☐ **Step 5: Spread the Word**

Create a simple marketing plan to let patients know you're now a CariFree office. We have resources to help; visit carifreepro.com/pro-resources/ or scan the QR code.



☐ **Step 6: Start with One**

Choose your first patient to introduce to CariFree and walk through your newly created protocol.



Building Your Protocol

Assess & Diagnose

Which patients will you assess?

Everyone | Hand Select

If hand-selecting, how and when will you choose those patients?

Where will you collect the patient's information?

At the front | In the operator

Where will your assessment and risk diagnosis be documented in a patient's chart?

Discuss as a team

Recommend

TREATMENT

When will you present treatment?

Beginning of appointment | During exam | End of appointment

How will you present therapy?

Give options | Make one recommendation

DELIVERY

What will the product charge be?

CariFree's pricing | Our own

Where will you dispense the products?

At the front | In the operator



Building Your Protocol

REASSESS

LOGISTICS

When will you reassess patients that accept treatment

3 months | 6 month | Other

Who will conduct the reassessment?

Doctor | Hygienist | Assistant

FOLLOW THROUGH

How will you follow-up with patients during treatment?

Email | Phone | None



Implementation Scripting

Guiding patients through the Caries Risk Assessment Form empowers them to make informed decisions that extend beyond dental care. Research links oral health diseases to other serious health conditions. By prioritizing cavity prevention, your practice protects smiles and promotes systemic wellness.

Follow this effective four-step process to ensure patients feel included, informed, and motivated about their health!

Risk & Disease Discovery

Upon check-in, front desk team members should present the CRA Form and say:

"Dr. Smith would like you to fill out the top section of this form to help identify your cavity risk. Your dental professional will discuss more during your appointment."



This completed form becomes an effective icebreaker and conversation starter in the operator, emphasizing the importance of reducing cavities for overall health.

Risk Identification

When the patient enters the operator:

"Thank you for completing the Risk Assessment Form. Our goal is to improve your oral health, which plays a major role in your overall health. Understanding your risk helps us provide personalized recommendations and preventive strategies tailored specifically to your needs."

Use the Patient Education Guide to visually explain how various factors increase or decrease cavity risk.



Implementation Scripting

As you review the CRA Form discuss risk factors they filled out:

"It appears your risk factors include [list specific risk factors]. These factors increase your likelihood of developing cavities. If we can change or address these, it's often the simplest way to lower your risk. If changes aren't possible or desirable, there are other treatment options we'll discuss."

Step 3: Treatment Options and Recommendations

After determining the patient's risk level from the completed CRA Form, communicate clearly:

High Risk Patient

"After reviewing your risk factors and dental history it appears you are at high risk for future cavities. I am happy to discuss with you how we can get that risk level down to prevent future decay and get you on a path to better health. It's also important to know that having a higher level of harmful bacteria in your mouth can lead to other oral health issues, like gum disease and inflammation, which can affect your overall health, including your heart. The good news is, we have a way to help you get healthy. Would you like to discuss the recommendations specific to your risk level?"

If **yes**, show the Treatment Options.

If **no**, respond with:

"That's okay! If you decide you'd like more information later, please let me know."



Implementation Scripting

If **yes**, show the Treatment Options.

"We recommend you start using the Treatment Rinse and Pro Gel 5000. They work together to reduce the bacteria and shift your oral environment from a diseased state back to a healthy one along with remineralizing the enamel of your teeth to strengthen and protect against future cavities. If you combine these products with flossing, and good habits at home [mention other risk factors if necessary], you will start to see and feel the results in 3-6 months [mention adding our pH elevated, xylitol Spray to their regimen if they are frequent snackers or drink acidic beverages]."

If **no**, respond with:

"That's okay! If you decide you'd like more information later, please let me know."

Moderate Risk Patient

"After reviewing your risk factors and dental history it appears you are at moderate risk for future cavities. I am happy to discuss with you how we can get that risk level down to prevent future decay and get you on a path to better health. It's also important to know that having a higher level of harmful bacteria in your mouth can lead to other oral health issues, like gum disease and inflammation, which can affect your overall health, including your heart. The good news is, we have a way to help you get healthy. Would you like to discuss the recommendations specific to your risk level?"



Implementation Scripting

If **yes**, show the Treatment Options.

"We recommend you start using the Maintenance Rinse and Pro Gel 5000. They work together to prevent harmful bacteria along with remineralizing the enamel of your teeth to strengthen and protect against future cavities. If you combine these products with flossing, and good habits at home [mention other risk factors if necessary], you will start to see and feel the results in 3-6 months [mention adding our pH elevated, xylitol Spray to their regimen if they are frequent snackers or drink acidic beverages]."

If **no**, respond with:

"That's okay! If you decide you'd like more information later, please let me know."

Emphasize complementary benefits:

"CariFree products are scientifically designed to actively reduce harmful bacteria and support beneficial ones. They include three key components:

- **pH Neutralization:** "CariFree products have a pH between 8-11, neutralizing harmful acids and creating a healthier environment for beneficial bacteria."
- **Sodium Hypochlorite** (Treatment Rinse): "This reduces cavity-causing bacteria, encouraging the return of beneficial bacteria."
- **Nano-Hydroxyapatite** (CariFree Pro Gel 5000): "This remineralizes teeth with minerals identical to those naturally found in tooth enamel, reversing early decay."



Implementation Scripting

Reassessment Protocol

Discuss treatment duration and financial considerations:

"Typically, high-risk patients require 3-6 months of treatment. Given your specific needs, we recommend about 6 months, or two rounds, each costing \$____, totaling around \$____. Investing now can significantly reduce future restorative costs by preventing further decay, putting you on a path to long-term health.



If a patient expresses concern about cost, it can be beneficial to walk them through the financial investment, time commitment, and potential discomfort associated with restorative treatment. Consider providing these general estimates:

Average 3-year Restorative Treatment Plan for High Caries Risk Patient:

\$8k-\$11k (*This cost varies significantly depending on location, insurance coverage, and severity of the decay. Some advanced restorative needs like implants or bridgework could increase costs further if extractions are necessary.)

With Caries Risk Management and CariFree Treatment:

\$3k-\$5k (treating active decay in year one and adding CariFree treatment. Minor maintenance restorative treatments year 2 & 3 + CariFree treatment)

3+ years the goal is for patients to remain cavity-free and would only incur the cost of CariFree treatment and maintenance.



Implementation Scripting

Finally, invite participation:

"Would you like to start with these treatment products?"

If no, reassure the patient:

"No worries, we'll continue to reassess at each visit to monitor your cavity risk closely. You can let me know if at any time you change your mind."

If yes, demonstrate product usage clearly and provide detailed instructions.



Always keep the choice patient-driven, offering the CRA Form and patient brochure as helpful resources.

CRA Form Adults and Children 6+

Four-Step Guide to Cavity Prevention

Name _____

Date _____



Risk & Disease Discovery Complete the section below by circling the most appropriate answer for each question.

PATIENT USE	Risk Factors		
	SALIVA		
	Do you take medications daily? If so, how many?	NO	YES (<u> </u>)
	Do you feel as though you have a dry mouth at any time of the day or night?	NO	YES
	DIET		
	Do you drink liquids other than water more than 2 times daily between meals?	NO	YES
	Do you snack daily between meals?	NO	YES
	BIOFILM		
	Do you notice plaque build-up on your teeth between brushings?	NO	YES
	CLINICIAN USE ONLY	Disease Indicators	
New/Progressing visible cavitations?		NO	YES
New/Progressing approximal radiographic radioluscencies?		NO	YES
New/Active white spot lesions?		NO	YES
Is decay history a concern?		NO	YES



Risk Identification Determine risk based on answers above; one blue response indicates moderate risk, one red response indicates high risk.

Healthy	+ Risk Factors	+ Disease Indicators
1 - Low Risk	2 - Moderate Risk	3 - High Risk
CDT Code D0601	CDT Code D0602	CDT Code D0603

Once risk level diagnosis has been made, refer to next page for treatment options and reassessment protocol.

CRA Form

Four-Step Guide to Cavity Prevention



Treatment Options

1 - Low Risk	2 - Moderate Risk	3 - High Risk
 <p>Gel 1100 or PRO Gel 5000</p>	 <p>Maintenance Rinse and PRO Gel 5000 (or 3-month Maintenance Kit)</p>	 <p>Treatment Rinse and PRO Gel 5000 (or 3-month Treatment Kit)</p>

Dry Mouth

If dry mouth diagnosis has been made or if answered yes to dry mouth question, it is recommended to add moisturizing products such as Spray, Breath Mints, or Fluoride Free Gel for use throughout the day.



Reassessment Protocol

High Risk: Reassess every three months until moderate risk.

Moderate Risk: Reassess at every re-care appointment until low risk.

Low Risk: Reassess annually.

Four-Step Guide to Cavity Prevention

