

Name: _____

Periodontal Maintenance

W J E V A L U A T I O N V Z B G N Y R I S Y Z O
C I O Q M C H C T G K R D B D O T B G E T P T D
L N S R W T R X S R Y S Z M I E M P V L T H E L
I F V C S C D R V P O L Q T X U H I I H N N L H
Y L Z L E S U W X M L P A U K E T B Z W T X U V
K A O I I Y T C Q Y V G P H D C O D X P Q R D D
R M L N R D D N P M I A Z U E M V E Y E H M E F
S M C I A A I A E R Z T D J S L Y S F R P C H Y
N A I C C Z R E R M Y C B W Y R S I B I A T C P
H T H A T E P I V W T O P O D W P M W O R N S Q
I I P L H X B C O H I A Q K D G R O Y D G E K Z
X O A T J H G F R E Q U E N C Y O R Y O O V S H
K N R Y M I T W D C T P T R K H B P O N I E I M
L A G I N C I D E N C E O R T I D M V T D R R L
I Z O G K V T K G H Y Y P L I S Z O W I A P W T
Q B I H N Y E W M N F X T M I A O C Y U R J T U
X V D Q M V K I P E I X Y V D S L V A M V J G E
A M A C B N C B P V D D D W C V H G H S F I C K
L N R B X C O U F L C I E O W L H I Z V Y A C C
M D T O W X P U B I J Z C E Z V Y Z N U P U R K
M E C N E R R U C E R N W A L U P G R G C N K J
B M X U K E R O N S J R Q C L B H X S G O M L J
G V V H A S S E S S M E N T Z A S C A L I N G T
O X D B T N F T O O R N E C N A N E T N I A M P

PERIODONTIUM	INFLAMMATION	RADIOGRAPHIC	COMPROMISED	MAINTENANCE
IRRIGATION	OBJECTIVES	EVALUATION	RADIOGRAPH	ASSESSMENT
RECURRENCE	FREQUENCY	POLISHING	TREATMENT	INCIDENCE
SCHEDULE	BLEEDING	CLINICAL	THERAPY	SCALING
GINGIVA	MOBILITY	SUPPORT	MEDICAL	PREVENT
CARIES	POCKET	TRIAL	ROOT	RISK