

Laser Bacterial Reduction (LBR)

We recommend that all of our patients have their teeth and gums decontaminated with our diode laser during their cleaning appointments. The power of the focused light destroys otherwise inaccessible bacteria while simultaneously creating an ideal environment for healing.

Why we recommend **LASER BACTERIAL REDUCTION:**

- Boost the immune system. “A healthy mouth can add ten years to your life.” Founders of Mayo Clinic
- Improves overall health.
- Reduces the severity of other diseases.
- Kills periodontal disease bacteria. The laser stops infection before it causes physical destruction or loss of bony support around your teeth.
- Reduces or eliminates bacteria. During a cleaning if your gums bleed, it allows bacteria to flood into the bloodstream and may cause infection in other areas of the body.
- Prevents cross contamination. Decontamination minimizes the chance that we inadvertently pick up bacterial infection in one area of the mouth and move it to another.
- Bad bacteria has been linked to other diseases. Such as: Cardiovascular disease, rheumatoid arthritis, low birth weights babies, diabetes and more.

Periodontal disease and gingivitis affects approximately 80% of adults and is a growing epidemic in our society, so we provide this service to your professional teeth cleaning to help fight periodontal (gum) disease. Anything we can do to reduce or eliminate this bad bacteria is a positive for our patients.

The laser decontamination process is painless and normally takes about 3-5 minutes. We HIGHLY recommend that you take advantage of this service as part of your routine cleaning. Laser decontamination, when combined with the cleaning, is an additional \$44. Unfortunately this treatment is not covered by insurance plans at this time. However, LBR is typically reimbursed and or payable to most Flex or HSA plans.

Please ask your hygienist if you have any questions regarding this treatment. By signing below you are stating you have been given the treatment consent form and that it is ok to perform this service for you.

Date: _____

Patient Name: _____

Patient's Signature: _____