A PERIO OUT LOUD RESOURCE

The Chairside Diagnosis Guide

How to present a periodontal diagnosis so patients see it, believe it, and accept treatment — delivering the diagnosis, the X-rays, the bleeding points, and the pocket depths.

BOLA AI

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Give your team the words that turn a perio diagnosis into an accepted treatment plan.

Disclaimer: These are suggestions only — to support your clinical diagnosis, not determine it.

NAME IT PLAINLY

Delivering the diagnosis

WHAT IT SHOWS THE PATIENT

Periodontal disease is a real medical diagnosis, not a suggestion. Patients accept treatment when they hear a clear name for what is wrong, said with confidence, instead of a vague hint they can talk themselves out of.

POINT TO THIS

Sit at eye level and turn the screen or chart so you are both looking at the evidence side by side, not facing off across the patient. You are on the same team looking at the same problem.

SAY THIS

> *“Based on everything I measured today, you have periodontal disease. That is an active bacterial infection in the bone and gums that hold your teeth in place.”*

> *“This is not a maybe or a let us watch it. It is here now, and the good news is we caught it and it is treatable.”*

> *“I am going to show you exactly how I know, so you can see it the same way I do. There are three things I want to walk you through.”*

> *“Everything I am about to point to is your own mouth, today. Not a stock photo, not a worst case.”*

PRO TIP

Say the word disease out loud, once. Softening it to a little gum issue or some buildup lets the patient quietly downgrade it to optional. Name it clearly, then immediately reassure that it is treatable.

THE BONE STORY

Showing the X-rays

WHAT IT SHOWS THE PATIENT

X-rays show the level of bone around each tooth. Healthy bone sits high, near the crown. Periodontal disease shows up as bone that has receded down the root, and that lost bone does not grow back on its own.

POINT TO THIS

Pull the radiographs up large on the screen. Use your pen or cursor to trace the line where the bone should be, then trace where it actually is, so the gap between healthy and lost is impossible to miss.

SAY THIS

> *“See this bright line here? That is the bone that anchors your tooth. On a healthy tooth it sits right up near the top, like this one.”*

> *“Now look at this tooth. The bone has dropped down to here. That darker area is bone you have already lost to the infection.”*

> *“Bone does not regrow on its own once it is gone. Our whole goal is to stop the loss right where it is so you do not lose any more.”*

> *“This is the exact picture I would want my own family to see before deciding what to do next.”*

PRO TIP

Always compare a healthy tooth to an affected one on the same screen. Contrast is what makes bone loss land. A single bad tooth in isolation just looks like an X-ray to a patient who is not trained to read it.

BLEEDING IS NOT NORMAL

Showing the bleeding points

WHAT IT SHOWS THE PATIENT

Bleeding when you probe is the body signaling active infection and inflammation. Healthy gums do not bleed. Most patients believe bleeding gums are normal, so naming it as infection reframes the entire conversation.

POINT TO THIS

Let them see the bleeding on the probe or in the sulcus with the mirror or intraoral camera before you suction it away. Call out each bleeding point out loud as you chart it.

SAY THIS

> *“Healthy gums do not bleed when I touch them gently, the same way healthy skin on your arm does not bleed if I press it.”*

> *“Every spot I am calling out as bleeding is a place where there is active infection under the gumline right now.”*

> *“If your hands bled every time you washed them, you would not call that normal. Your gums are no different.”*

> *“Let me show you on the camera so you can see exactly what I am seeing in real time.”*

PRO TIP

Chart bleeding out loud, point by point: bleeding, bleeding, bleeding. The repetition turns an invisible problem into something the patient can hear. Show the blood before you suction it away, not after.

THE NUMBERS THAT MATTER

Reading the pocket depths

WHAT IT SHOWS THE PATIENT

The pocket is the space between the tooth and the gum. One to three millimeters is healthy and cleanable at home. Four and above means the infection sits deeper than a brush or floss can reach, and the higher the number, the more advanced the disease.

POINT TO THIS

Read the numbers out loud as you chart so the patient hears the jump from healthy to diseased. Show them the probe and its millimeter markings so the numbers feel real, not abstract.

SAY THIS

> *“Picture each tooth sitting inside a collar of gum. I am measuring how deep that collar is, in millimeters.”*

> *“One, two, and three are healthy. You can keep those clean at home with brushing and floss.”*

> *“But right here I am reading a five, and over here a six. At those depths, no toothbrush or floss on earth can reach the bottom. That is where the infection lives and keeps growing.”*

> *“These deeper numbers are exactly what our treatment is built to clean out and bring back down toward healthy.”*

PRO TIP

Contrast a healthy two or three against a deep five or six in the same breath. A number means nothing to a patient until they hear it next to a healthy one. Tie every deep reading to the fact that home care simply cannot reach it.

Quick Reference Guide

The four-step chairside presentation at a glance

DELIVERING THE DIAGNOSIS — NAME IT PLAINLY

Point to this	“Sit at eye level and turn the screen or chart so you are both looking at the evidence side by side, not facing off across the patient. You are on the same team looking at the same problem.”
Open with	“Based on everything I measured today, you have periodontal disease. That is an active bacterial infection in the bone and gums that hold your teeth in place.”

SHOWING THE X-RAYS — THE BONE STORY

Point to this	“Pull the radiographs up large on the screen. Use your pen or cursor to trace the line where the bone should be, then trace where it actually is, so the gap between healthy and lost is impossible to miss.”
Open with	“See this bright line here? That is the bone that anchors your tooth. On a healthy tooth it sits right up near the top, like this one.”

SHOWING THE BLEEDING POINTS — BLEEDING IS NOT NORMAL

Point to this	“Let them see the bleeding on the probe or in the sulcus with the mirror or intraoral camera before you suction it away. Call out each bleeding point out loud as you chart it.”
Open with	“Healthy gums do not bleed when I touch them gently, the same way healthy skin on your arm does not bleed if I press it.”

READING THE POCKET DEPTHS — THE NUMBERS THAT MATTER

Point to this	“Read the numbers out loud as you chart so the patient hears the jump from healthy to diseased. Show them the probe and its millimeter markings so the numbers feel real, not abstract.”
Open with	“Picture each tooth sitting inside a collar of gum. I am measuring how deep that collar is, in millimeters.”

POCKET DEPTH CHEAT SHEET

1–3 mm · Healthy, cleanable at home

4 mm+ · Infection deeper than a brush or floss can reach

5–6 mm+ · Advanced — treatment is what cleans it out

Notes

What landed with your patients — phrases, visuals, and moments to reuse