

Incorporating Antimicrobials: Rationale and Technique Tips for Arestin, PerioChip and Atridox ©

(post test for DVD and CD products #: LAA 100, 120)

Post Test: Please CIRCLE your response

1. **All of the following statements are true regarding Arestin, PerioChip and Atridox except:** a) all are FDA approved b) all are considered antimicrobials c) all are sustained release antibiotics

2. **Which of the following is true regarding PerioChip?** a) it is 2.5 mg Chlorhexadine Gluconate b) it is not an antibiotic c) both a and b

3. **Which products are an examples of a 'single site' antimicrobial?** a) Arestin and Atridox b) PerioChip and Arestin c) PerioChip and Atridox

4. **Which antimicrobial is best suited for multiple sites?** a) Arestin b) PerioChip c) Atridox

5. **Arestin is** a) 1 mg. minocycline b) 10 % doxycycline hyclate c) neither a nor b

6. **Arestin and PerioChip recommend no interdental cleaning or flossing in the treated area for how long?** a) 1 week b) 10 days c) 1st 24 hours

7. **What is the benefit of incorporating Atridox in conjunction with non-surgical periodontal therapy cases?** a) decrease in pocketing and inflammation b) increase in clinical attachment gain c) both a and b

8. **Which product utilizes two separate "syringes" that are mixed together to form a gel that solidifies in the sulcus?** a) PerioChip b) Atridox c) Arestin

9. **PerioChip can be easily placed with** a) cotton pliers b) Laschal pressure sensitive forceps c) both a and b

10. **Which single site antimicrobial is the best choice when a patient reports an allergy to tetracycline?** a) Arestin b) either Arestin or PerioChip c) PerioChip

Course Evaluation: (CIRCLE your response)

1 = lowest

5 = highest

Was the content of the course useful?

1 2 3 4 5

Were the questions relevant to the material?

1 2 3 4 5

Rate overall course

1 2 3 4 5

How did you hear about this DVD/CD? _____



CEU REGISTRATION FORM

Please print clearly

CEU certificates will arrive within 4-6 weeks

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____ (Required for CEU)

Checks payable to: Perio-Therapeutics & Beyond

To receive 2 CEU, mail your completed test and check for \$25 to:

Perio-Therapeutics & Beyond

724 Fitzwatertown Road

Glenside, PA 19038