CONTINUUM

Sample Oral Health Plan

Example only

> *This is an example plan written for a fictional patient, based only on their questionnaire answers. Every plan is personalised oral health guidance and education. It is not a diagnosis and it is not a substitute for an in-person dental examination.*

Jordan, your answers tell me it has been about six years since your last dental visit and that your gums bleed when you brush. I want to begin with the bleeding, because it is the finding most worth your attention and, helpfully, the one most within your control. Bleeding gums are common, and in most cases they settle with a change in how you clean rather than anything more involved. The six year gap matters less than what you choose to do from here.

From what you have described, three things are shaping your oral health at the moment. The first is gum inflammation, which your bleeding points to and which usually means plaque is sitting undisturbed where the tooth meets the gum. The second is acid exposure, from the soft drink you have most afternoons, which softens enamel over time. The third is the dry mouth you notice sometimes, which reduces the saliva that would ordinarily protect your teeth between meals. None of these is unusual, and each one responds to a specific change.

Here is what I would like you to do, in order of priority:

1. Change where you aim when you brush. Angle the bristles slightly towards the gumline and clean there gently, twice a day, rather than scrubbing the flat surfaces of the teeth. The bleeding may increase for a week or so, then settle. That settling is the sign it is working.
2. Clean between your teeth once a day, using floss or small interdental brushes. This reaches the surfaces a toothbrush cannot, and it is where gum inflammation most often begins.
3. Use a higher-strength fluoride toothpaste at night, such as Neutrafluor 5000, which is available from a pharmacist without a prescription. Spit, do not rinse, so the fluoride stays on your teeth while you sleep. Your usual fluoride toothpaste is fine in the morning.
4. Move the afternoon soft drink to a mealtime, or switch to water. It is the frequency and timing of the acid that matters more than the amount, and having it with food reduces the effect.
5. For the dry mouth, sip water through the day and consider sugar-free gum after meals to encourage saliva. If it becomes constant rather than occasional, mention it at your next appointment, as some medications contribute to it.
6. Book an in-person dental examination and clean within the next few months. A hands-on examination is the only way to confirm what is happening beneath the surface, and it is where any treatment would be decided.

If at any point you notice a tooth that aches on its own, a gum that swells, or bleeding that does not settle after a few weeks of the changes above, see a dentist sooner rather than waiting.

This plan is guidance based on what you have told me. It is not a diagnosis, and it does not replace an in-person examination. If you would like to talk any of it through, an optional consultation is available.

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Document control

Version	Date	Author	Change summary
0.1	17 July 2026	Dr Sandhya Jaswal	Initial sample plan drafted as on-site preview and pipeline reference exemplar. Fictional patient, medium risk.
0.2	17 July 2026	Dr Sandhya Jaswal	AHPRA registration number added to signoff.
0.3	17 July 2026	Dr Sandhya Jaswal	Editable docx master kept watermark-free. Distribution copy delivered as PDF with whole-page tiled SAMPLE ONLY watermark fused into every page; plan text remains selectable for screen readers.