OraPath Oral Balance — Antibiotic Considerations

Patient **Sample Patient** | Date of Birth **05/21/1969** | Gender **Female**

KIT ID	COLLECTION DATE	CONFIRMATION NUMBER	RESULTS	STAGE	GRADE	BOP %	ORDERING PROVIDER
SAMPLE-ABX-RECOMMEND	04/15/2026	SAMPLE-ABX-RECOMMEND	04/17/2026	Stage III	Grade B	35%	Sample Provider, Sample Dental Practice

PERIODONTAL RISK SCORE

4 /5

High Risk

HIGH RISK risk for periodontal disease based on the detection and pattern of key pathogens.

Low | Mild | Moderate | High | Severe

39

Periodontal Pressure Score (0–100) — continuous burden across 6 core perio organisms.

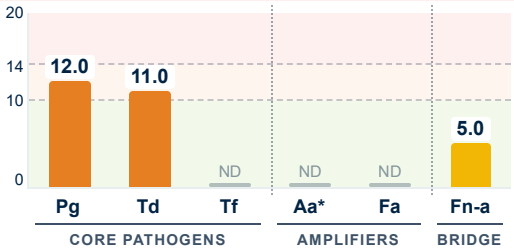
CLINICAL FLAGS

⚠ **Pg + Td co-detection**
This combination is strongly associated with active periodontal disease.

Pg + Td Synergistic Pattern

PATTERN IDENTIFIED

Pg + Td co-detection. Strong indicator of active periodontal disease.



*Aa uses different thresholds (≥4 mod, ≥8 high). Color reflects Aa-specific classification.

ORAL BALANCE SCORE

84 out of 100
Mild Shift

CARIES RISK

Minimal

No significant caries organisms detected.

Caries Bacteria: S mut *ND* S sobr *ND*

Fungal: Ca *ND*

Commensal Bacteria: S slvrs 15 (Moderate) S sngns 13 (Moderate) S mitis 14 (Moderate)

NO-Producing Bacteria: Rothia 16 (Moderate) Neis 14 (Moderate) Veil 15 (Moderate) Actin 15 (Moderate)

FOR PROVIDERS

Antibiotic decision-making in periodontics is layered. Microbial findings alone cannot drive that call — probing depths, attachment loss, bleeding on probing, disease severity (stage and grade), medical history, allergies, medication interactions, and prior treatment response all factor into the determination.

> **These reports are not stand-alone prescribing algorithms.** Mechanical therapy, risk-factor modification, and reevaluation remain the primary focus of periodontal care; systemic antibiotics belong in a secondary, adjunctive position for appropriately selected patients.

Use clinical judgement when weighing risks and benefits of any adjunctive antibiotic versus mechanical hygiene therapy alone, and verify the patient's current medications, allergies, and potential interactions before prescribing.[11, 12]

ANTIBIOTIC CONSIDERATIONS

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Regimen and dosing to be determined by the treating healthcare professional.

Metronidazole + Amoxicillin

`Metronidazole 500 mg TID + Amoxicillin 500 mg TID × 7 days`

Pg, Aa, and Pi are capable of invading the epithelium of periodontal pockets, which protects them from elimination by the host response, making them exceptionally difficult to eliminate by conventional periodontal SRP.

ALTERNATIVE REGIMENS

Doxycycline + Metronidazole	`Doxycycline 100 mg BID + Metronidazole 500 mg TID × 7 days`
Azithromycin	`Azithromycin 500 mg daily × 3 days`

This real-time quantitative polymerase chain reaction (qPCR) test was developed and its performance characteristics were determined by IMMYLabs, 133 Ed Noble Pkwy, Norman, OK 73072 (CLIA# 37D2236199; COLA# 32679). This laboratory-developed test (LDT) was validated in accordance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. § 263a. This test has not been cleared or approved by the U.S. Food and Drug Administration (FDA); however, FDA clearance or approval is not currently required. Results are for adjunctive use only and must be interpreted by a qualified healthcare provider in the context of clinical findings, patient history, and other diagnostic information. This test is not intended to diagnose or treat disease or to be used as the sole basis for patient management decisions.

Oral Balance Score (0–100): Overall measure of oral microbiome balance. **Protective Capacity:** Beneficial bacteria supporting oral health. **Disruptive Pressure:** Organisms associated with disease and imbalance. **Nitric Oxide System:** Bacteria involved in nitrate reduction and NO production. **Periodontal Risk Score (1–5):** Microbial risk pattern based on pathogen levels. All scores are semi-quantitative. **Lab Director:** Jeff McCormack, PhD, HCLD (ABB).

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