

Daily Oral Care Plan for

Patient Name: _____ **Date:** _____

- No changes in oral hygiene regimen recommended at this time.
- Recommend changes in current oral hygiene regimen to prevent tooth decay and gingival inflammation.

Care of Patient's Teeth:

- The patient has been instructed to brush their teeth daily with a toothbrush and fluoride toothpaste two (2) times per day: after breakfast and before bedtime.
- The patient needs assistance to brush their teeth daily with a toothbrush and fluoride toothpaste two (2) times per day: after breakfast and before bedtime.
- An order was written for fluoride gel application: using a toothbrush, apply fluoride gel to all tooth surfaces before bedtime following toothbrushing. Patient must not eat, drink, or rinse for two (2) hours following application. If uncooperative, apply a thin layer to the cheek side of teeth using a toothette.
- Other: _____

Care of Patient's Dentures

- The patient has been instructed to remove their upper and/or lower dentures at night. Dentures should be cleaned with toothbrush and toothpaste and placed in a denture cup with water and tablet of effervescent denture cleanser (polident or efferdent or other generic denture cleanser) overnight. The denture should be placed back in the mouth in the morning before breakfast.
- The patient needs assistance to remove their upper and/or lower dentures at night. Dentures should be cleaned with toothbrush and toothpaste and placed in a denture cup with water and tablet of effervescent denture cleanser (polident or efferdent or other generic denture cleanser) overnight. The denture should be placed back in the mouth in the morning before breakfast.
- The patient has been instructed to place a very thin and even layer of denture adhesive in their upper and/or lower denture each morning.
- The patient needs assistance to place a very thin and even layer of denture adhesive in their upper and/or lower denture each morning.
- The patient has been instructed to remove their upper and/or lower dentures following each meal, rinse with water, and place back in mouth.
- The patient needs assistance to remove their upper and/or lower dentures following each meal, rinse with water, and place back in mouth.
- Other: _____

Signature: _____ **Date:** _____