

Patient Name: _____ was seen on _____

for a 3 4 6 prophy denture recall.

Oral examination reveals:

Teeth present 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Oral hygiene good fair poor

Generalized plaque calculus food debris

Gingival inflammation mild moderate severe

Oral tissues: WNL or _____

Caries on teeth #'s: _____

Retained roots of teeth #'s: _____

Treatment performed today was the following:

- Anesthesia used _____
- Pre-medication given _____
- Oral examination Sonic scaling Hand scaling
- Polish Floss Radiographs _____PAs _____PBWs
- Cleaned Maxillary complete denture Cleaned Mandibular complete denture
- Cleaned Maxillary removable partial denture Cleaned Mandibular removable partial denture

Recommendations include the following:

- 3 4 6 month prophy denture recall
- Toothbrushing 2 times per day: after breakfast and before bedtime. Oral Care Plan: _____
- Assistance with toothbrushing 2 times per day: after breakfast and before bedtime. Oral Care Plan: _____
- Order written for fluoride gel application using toothbrush to all tooth surfaces before bedtime following toothbrushing. Do not eat, drink, or rinse for 2 hours following application. Oral Care Plan: _____
- Removal of upper/lower dentures at night: Dentures should be cleaned by brushing with toothpaste and denture brush and placed in denture cup with water and tablet of polident or efferdent overnight. Oral Care Plan: _____
- Further treatment needs _____
 - extractions _____
 - restorations _____
 - crowns _____
- Patient to be seen in office for _____

Comments: _____

Signature: _____ Date: _____