Hygiene Checklist

Assistant:	**Patient**:	**NP / RC** Age:_____
Guardian present:	Medical Update:	Fluoride: **Y/N**
Prophy**: child / adult** **2BW / 4BW** Oclussal**: U / L** **PA:** _____ Pano**: Y / N**	CC:	**Hygiene:** Plaque: Light/ Moderate/ Heavy Calculus: Light/ Moderate/ Heavy Staining: _____

Restorative

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
				A	B	C	D	E	F	G	H	I	J			
DX:																
TX:																
	32	**31**	**30**	**29**	**28**	**27**	**26**	**25**	**24**	**23**	**22**	**21**	**20**	**19**	**18**	**17**
				T	S	R	Q	P	O	N	M	L	K			
DX:																
TX:																

Notes:

Exam Dr**:**

Occlusion
R: _____ L: _____ Midline: ON/ OFF
Max: CR / SP- ML/ MD/ SV/ GN
Man: CR/ SP- ML/ MD/ SV/ GN
OB_____ % OJ: _____mm CB:_____
Habits:

Sedation: **IV / Surgery Center**
Tonsils ____ % Time____min.

Dr discussion:

Recare sched: **Y / N** Next visit**:** _____

Behavior: