

Daily oral care

To be completed daily.

Name: _____ Month: _____

Day	Natural teeth		Dentures/Braces		Non-compliance code/notes	Initials
	Mark area(s) brushed:		Mark area(s) brushed:			
	AM	PM	AM	PM		
1						
2						
3						
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31						

- Ensure natural teeth are brushed twice a day with a fluoride toothpaste
- Ensure denture/braces are cleaned every morning and night. Dentures preferably left out to soak overnight

Codes: reasons for non-compliance

Patient non-cooperative	A	Staffing levels	C
Patient asleep	B	Other	D

Area 1

Area 2

Area 3

Area 4

Comments: