

Patient's Name: \_\_\_\_\_

Calculus Classification: \_\_\_\_\_

**Periodontal Case Type:**

**ORAL HYGIENE RECORD**

Initial Visit Date: \_\_\_\_\_

Faculty Initials: \_\_\_\_\_

**Plaque score (per sextant)**

Max R \_\_\_\_ Max Ant \_\_\_\_ Max L \_\_\_\_ Mand R \_\_\_\_ Mand Ant \_\_\_\_ Mand L \_\_\_\_

Supra Calculus present: None  L  M  H  Stain: None  L  M  H

Current HC \_\_\_\_\_

Pt motivation: E  G  F  P

Pt Skills: E  G  F  P

Barriers to Oral Hygiene Compliance \_\_\_\_\_

OH Instruction Plan: Appt #1. \_\_\_\_\_

Appt #2 \_\_\_\_\_ Appt #3 \_\_\_\_\_

Appt #4 \_\_\_\_\_ Appt #5 \_\_\_\_\_

**For each visit in treatment series:**

**Record Plaque score and OHI on back side of form. Use the area below to evaluate treatment outcome and necessary modifications.**

**Indicate evaluation results using: I = improvement, S = same, W = worse**

EVALUATE	APPT 2	APPT 3	APPT 4	APPT 5	RE-EVAL
<b>BOP</b>					
<b>POCKET DEPTHS</b>					
<b>TISSUE COLOR/TEXTURE</b>					
<b>PLAQUE</b>					
<b>HEMECARE</b>					
<b>Caries risk/ Tobacco cessation/ Para-functional habits</b>					
<b>Instructions Reinforced</b>					
<b>Faculty Initials</b>					

**Please have faculty initial evaluation each appointment**

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**ORAL HYGIENE/ RISK FACTOR UPDATE - Appt # 2**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ Disclosed  yes  no Faculty Initials: \_\_\_\_\_

Plaque score (per sextant) Max R \_\_\_\_ Max Ant \_\_\_\_ Max L \_\_\_\_ Mand R \_\_\_\_ Mand Ant \_\_\_\_ Mand L \_\_\_\_

Current HC / Risk Factors \_\_\_\_\_

Evaluation of previous instructions \_\_\_\_\_

Today's Instructions:

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**ORAL HYGIENE/ RISK FACTOR UPDATE Appt #3**

Date: \_\_\_\_\_ Disclosed  yes  no Faculty Initials: \_\_\_\_\_

Plaque score (per sextant) Max R \_\_\_\_ Max Ant \_\_\_\_ Max L \_\_\_\_ Mand R \_\_\_\_ Mand Ant \_\_\_\_ Mand L \_\_\_\_

Current HC/ Risk Factors \_\_\_\_\_

Evaluation of previous instructions \_\_\_\_\_

Today's Instructions :

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**ORAL HYGIENE/ RISK FACTOR UPDATE Appt #4**

Date: \_\_\_\_\_ Disclosed  yes  no Faculty Initials: \_\_\_\_\_

Plaque score (per sextant) Max R \_\_\_\_ Max Ant \_\_\_\_ Max L \_\_\_\_ Mand R \_\_\_\_ Mand Ant \_\_\_\_ Mand L \_\_\_\_

Current HC / Risk Factors \_\_\_\_\_

Evaluation of previous instructions \_\_\_\_\_

Today's Instructions:

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**ORAL HYGIENE/ RISK FACTOR UPDATE Appt #5**

Date: \_\_\_\_\_ Disclosed  yes  no Faculty Initials: \_\_\_\_\_

Plaque score (per sextant) Max R \_\_\_\_ Max Ant \_\_\_\_ Max L \_\_\_\_ Mand R \_\_\_\_ Mand Ant \_\_\_\_ Mand L \_\_\_\_

Current HC /Risk Factors \_\_\_\_\_

Evaluation of previous instructions \_\_\_\_\_

Today's Instructions :