

# ORAL HEALTH ESSENTIALS

## Oral Hygiene Examination Checklist

PATIENT: \_\_\_\_\_ PROVIDER: \_\_\_\_\_

DATE: \_\_\_\_\_

Today your dental hygiene appointment consisted of:

### EXAMINATION

- ☐ Examining the health and function of the jaw joint
- ☐ Assessing the soft tissues around your mouth
- ☐ Looking for early signs of oral cancer
- ☐ Documenting the position of the teeth and bite
- ☐ Assessing the condition of any partials, denture, etc.
- ☐ Looking for the presence and stage of gum disease
- ☐ Assessing the condition of existing fillings, crown and bridge, etc.
- ☐ Assessing for new decay
- ☐ Assessing the condition of the dental pulp (middle of tooth)
- ☐ Looking for missing teeth
- ☐ Evaluating the growth and development of the teeth and jaw in children

### DENTAL HYGIENE SERVICES (AS REQUIRED)

- ☐ Removing the soft and hard deposits from above and below the gumline
- ☐ Measuring the depth of the pockets around the teeth
- ☐ Selective polish
- ☐ A fluoride treatment
- ☐ Irrigation
- ☐ Oral hygiene instruction
- ☐ Nutritional counselling
- ☐ Radiographs
- ☐ Intra-oral pictures
- ☐ Blood pressure monitoring

Additional Notes

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