



# Patient record

Name: \_\_\_\_\_



Record important information about how your patients take care of their teeth. For example:

- ✓ How many times does the patient brush each day?
- ✓ Is the patient brushing their teeth correctly?
- ✓ Does the patient avoid sugary snacks?

**Patient name**

**Notes about the check-up**




**Ready, set, BRUSH!**

