

Daily Oral Care Record

Name: _____ Month: _____

Day					Non-compliance code/notes	Initials
	Please tick:		Please tick:			
	AM	PM	AM	PM		
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- Ensure natural teeth are brushed twice a day with a fluoride toothpaste.
- Ensure dentures are cleaned every night and preferably left to soak overnight.

Codes: reasons for non-compliance

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

Notes / Comments:
