

HYGIENE REPORT

1. Changes in health or medication

2. Perio condition/Tx recommendations

Perio Type _____

Bleeding_____Suppurance_____

Probing_____Mobility_____

Recession___Furcal Involvement_____

X-Ray Note_____

Recommended Treatment

3. Oral Cancer Screening Results

4. Restorative concerns

5. Aesthetic Concerns

6. Products and Home Care Instruc.

7. To be checked next visit

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