Resident Name: ________________________________

Level of Self Care: (Check One)

Independent Assistance Dependent

Supplies:
- Soft bristle toothbrush
- Fluoridated toothpaste

Instructions:
- Moisten toothbrush with warm water
- Use a pea size amount of fluoride toothpaste
- Brush teeth, tongue and lining of mouth 2 times a day, morning and night

Notes:
No Teeth
Full Dentures

Date: ________________________________

Resident Name: ____________________________

Level of Self Care: (Check One)

Independent [ ] Assistance [X] Dependent [ ]

Supplies:
- Soft bristle toothbrush
- Denture brush
- Liquid hand soap

Instructions:
- Remove dentures and brush with denture brush and liquid hand soap
- Rinse
- Leave in dry container overnight
- Moisten toothbrush with warm water
- Brush tongue and lining of mouth 2 times a day, morning and night

Notes:
Resident Name: ______________________
Level of Self Care: (Check One)

Supplies:
- Soft bristle toothbrush
- Fluoridated toothpaste
- Denture brush
- Liquid hand soap

Instructions:
- Remove dentures and brush with denture brush and liquid hand soap
- Rinse
- Leave in dry container overnight
- Moisten toothbrush with warm water
- Use a pea size amount of fluoride toothpaste
- Brush teeth, tongue and lining of mouth 2 times a day, morning and night

Notes:
Unable to Swallow
Tube Fed
No Toothpaste

Date: ______________________

Resident Name: ______________________

Level of Self Care: (Check One)

Supplies:
- Soft bristle toothbrush
- Fluoridated mouth rinse

Instructions:
- Moisten toothbrush with warm water, or fluoride mouth rinse
- Dab on paper towel to remove extra moisture
- With toothbrush, scoop out secretions
- Brush teeth, tongue, and lining of mouth 2 times a day, morning and night

Notes:
No Teeth
No Dentures

Date: ________________________________

Resident Name: ____________________________

Level of Self Care: (Check One)

- Independent
- Assistance
- Dependent

Supplies:
- Soft bristle toothbrush

Instructions:
- Moisten toothbrush with warm water
- Use a pea size amount of fluoride toothpaste
- Brush tongue and lining of mouth 2 times per day, morning and night

Notes:
Tracheostomy
No Toothpaste

Date: ____________________

Resident Name: ____________________

Level of Self Care: (Check One)

Supplies:
- Soft bristle toothbrush
- Fluoridated mouth rinse

Instructions:
- Moisten toothbrush with warm water, or fluoride mouth rinse
- Dab on paper towel to remove extra moisture
- With toothbrush, scoop out secretions
- Brush teeth, tongue, and lining of mouth 2 times a day, morning and night

Notes: