

**PLAQUE INDEX/BLEEDING POINT RECORD**

**NAME**

**SSN**



**MISSING TOOTH**

**BLUE DOT = PLAQUE**

**RED DOT = BLEEDING SITE**

**1**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Date \_\_\_\_\_ PLI \_\_\_\_\_ Stain \_\_\_\_\_ Comments \_\_\_\_\_

**2**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

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**3**

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**4**

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**5**

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**6**

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**7**

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**8**

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**9**

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**10**

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**11**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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Date \_\_\_\_\_ PLI \_\_\_\_\_ Stain \_\_\_\_\_ Comments \_\_\_\_\_

**12**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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**ORAL HYGIENE AIDS RECOMMENDED**

Device	Type	Freq.	Date	Date Proficient	Reinforce or Revise Date	Delete Aid Usage Date	Comments
Hand Brush							
Electric Brush							
Floss							
Disclosing Tabs							
Floss Threader							
Floss Aid							
Gauze							
Yarn							
Proxabrush							
Perio Aid							
Water Irrigator							
Rubber Tip							
Mirror							
Toothpaste							
Fluoride Gel							
End-Tuft Brush							

Date	
100	
90	
80	
70	
60	
50	
40	
30	
20	
10	
0	