

# Your Special Smiles PLLC

Increasing the quality of life for adults who have special needs and geriatric patients who have limited mobility through advocacy, access to comprehensive dental care, and education.



Advocacy - Access - Education

Resident/Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hygienist's Recommended Daily Oral Hygiene Regimen: \_\_\_\_\_

\_\_\_\_\_

DOH Instruments : \_\_\_\_\_

\_\_\_\_\_

## Motivation Needed

This resident is thought to be a person who can follow the oral hygiene regimen as recommended by their hygienist, but forgets or neglects to do so.

Why this resident is considered in this category: \_\_\_\_\_

\_\_\_\_\_

## Recommendations:

1. Parts or the regimen needing reminders: \_\_\_\_\_

\_\_\_\_\_

- Type of reminder:

- Post it on the mirror: \_\_\_\_\_

- Verbal daily reminder: \_\_\_\_\_

2. List of accessories needed : \_\_\_\_\_

\_\_\_\_\_

- Check weekly to ensure they have proper accessories

The above plan is an acceptable plan. This plan will be generated and re-evaluated by the hygienist at every hygiene recare visit. Caregivers, Guardians, Patients, Hygienists and Daily Oral Hygiene assistants can request a re-eval of this plan at any time.

Signatures:

Hygienist: \_\_\_\_\_ (print) : \_\_\_\_\_ (signature)

Caregiver: \_\_\_\_\_ (print) : \_\_\_\_\_ (signature)

Guardian: \_\_\_\_\_ (print) : \_\_\_\_\_ (signature)

DOH Assistant: \_\_\_\_\_ (print): \_\_\_\_\_ (signature)

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Month: \_\_\_\_\_

Date	Reminder	Adequacy of Accessories	Provider/Caregiver