

# My Teeth



My dentist is:

.....

I have:

My own teeth




False teeth




When I have a check I am:








When I have a treatment I am:








In the past I have needed:

I need sedation




General Anaesthetic




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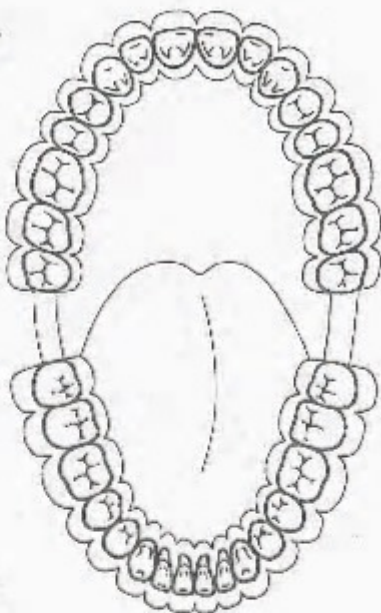
# My Teeth

The coloured areas are where I need to brush better

Please see my care plan



Upper

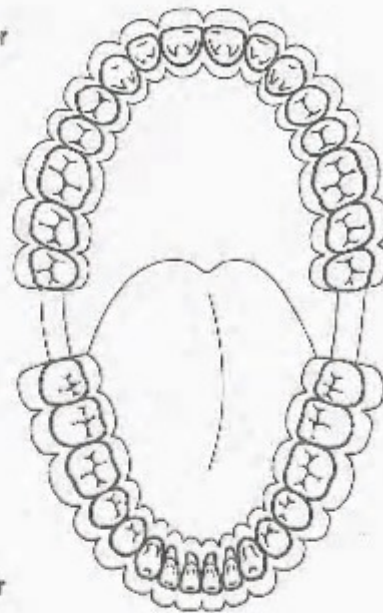


Lower



Date: \_\_\_\_\_

Upper



Lower



Date: \_\_\_\_\_

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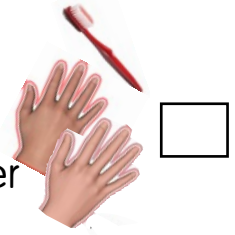
# My Teeth

## What support I need to look after my teeth, mouth and gums

I look after my teeth myself. Please ask me if everything is ok.



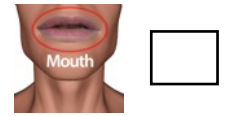
Hand over hand help from my carer



I need my carer to prompt and encourage me



I need my carer to look after my mouth care



I do some of my own mouth care but need my carer to finish it



Other help



## Other information, for example likes and dislikes when at the dentist:

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.....

# My Teeth

## What I use to look after my mouth:

Special toothpaste



High fluoride toothpaste



An electric toothbrush



A normal (manual) toothbrush



Corsodyl gel



Mouthwash



## Other:

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