# Dental Cleaning Schedule

## DENTAL CLEANING SCHEDULE

Enter each activity against the correct day and time. Keep the completed schedule somewhere it can be seen and updated easily.

Name: _____ Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy Record / MRN number: _____

Week beginning: _____ dd / mm / yyyy Prepared by: _____

## DENTAL CLEANING - WEEKLY SCHEDULE

### Morning

Monday - Morning: _____ Tuesday - Morning: _____

Wednesday - Morning: _____ Thursday - Morning: _____

Friday - Morning: _____ Saturday - Morning: _____

Sunday - Morning: _____

### Midday

Monday - Midday: _____ Tuesday - Midday: _____

Wednesday - Midday: _____ Thursday - Midday: _____

Friday - Midday: _____ Saturday - Midday: _____

Sunday - Midday: _____

### Afternoon

Monday - Afternoon: _____ Tuesday - Afternoon: _____

Wednesday - Afternoon: _____ Thursday - Afternoon: _____

Friday - Afternoon: _____ Saturday - Afternoon: _____

Sunday - Afternoon: _____

### Evening

Monday - Evening: _____ Tuesday - Evening: _____

Wednesday - Evening: _____ Thursday - Evening: _____

Friday - Evening: _____ Saturday - Evening: _____

Sunday - Evening: _____

### Night

Monday - Night: _____ Tuesday - Night: _____

Wednesday - Night: _____ Thursday - Night: _____

Friday - Night: _____ Saturday - Night: _____

Sunday - Night: _____

## DETAIL

Day: _____ Time: _____

Activity: _____ Who is responsible: _____

Notes: _____ Day: _____

Time: _____ Activity: _____

Who is responsible: _____ Notes: _____

Day: _____ Time: _____

Activity: _____ Who is responsible: _____

Notes: _____ Day: _____

Time: _____ Activity: _____

Who is responsible: _____ Notes: _____

Day: _____ Time: _____

Activity: _____ Who is responsible: _____

Notes: _____ Day: _____

Time: _____ Activity: _____

Who is responsible: _____ Notes: _____

Day: _____ Time: _____

Activity: _____ Who is responsible: _____

Notes: _____ Day: _____

Time: _____ Activity: _____

Who is responsible: _____ Notes: _____

Day: _____ Time: _____

Activity: _____ Who is responsible: _____

Notes: _____ Day: _____

Time: _____ Activity: _____

Who is responsible: _____ Notes: _____

Day: _____ Time: _____

Activity: _____ Who is responsible: _____

Notes: _____

Changes made this week and why