

DENTAL HYGIENE TRACKER

Name: _____

Month: _____

DAY	MORNING BRUSHING	EVENING BRUSHING	FLOSS / RINSE
01	AM	PM	Daily
02	AM	PM	Daily
03	AM	PM	Daily
... Days 04 to 30 ...			
31	AM	PM	Daily

Goal: Brush 2 mins / 2x daily

Tip: Replace your toothbrush every 3 months.