

DENTAL HYGIENE TRACKER

Weekly Routine Routine

Name: _____ Week Of: _____

DAY	MORNING BRUSHING	EVENING BRUSHING	FLOSS / INTERDENTAL	MOUTHWASH
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Notes / Observations:

☀ Brush for 2 Minutes • Change Brush Every 3 Months ✓ Visit Dentist Regularly