

ALABAMA DENTAL HYGIENE PROGRAM PROPHY FACT SHEET

CANDIDATE NUMBER \_\_\_\_\_  
 CLINICAL DOCUMENTATION 2018-2019

PATIENT AGE	PATIENT GENDER	LAST PROPHY	TREATMENT DATE	RADIOGRAPHS	CALCULUS CLASSIFICATION	STAIN	CHAIR TIME	TREATMENT COMMENTS
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		

Alabama Dental Hygiene Clinical Instruction - I affirm this is true and accurate documentation of the clinical instruction completed by ADHP candidate (Name) \_\_\_\_\_ performed under the direct supervision of Dr. \_\_\_\_\_, clinical instructor. In accordance to Code of Al. 270-X3.04 (4), I hereby certify this trainee was employed full time by the dentist/instructor during this reporting period.

\_\_\_\_\_  
 Signature of Clinical Instructor

\_\_\_\_\_  
 date

	PAGE 1 TOTALS (this page)(front & back)	ADDITIONAL PAGE TOTALS (front/back)
PROPHY TOTAL – PERMANENT / MIXED DENTITION		P/M
PROPHY TOTAL – DECIDUOUS DENTITION		Dec.

MONTHLY P/M (ALL pages) \_\_\_\_\_ total

MONTHLY DEC (ALL pages) \_\_\_\_\_ total = MONTHLY P/M & DEC. TOTAL, All Pages = \_\_\_\_\_

**ALABAMA DENTAL HYGIENE PROGRAM PROPHY FACT SHEET**

CANDIDATE NUMBER \_\_\_\_\_  
 CLINICAL DOCUMENTATION 2015-2016

PATIENT AGE	PATIENT GENDER	LAST PROPHY	TREATMENT DATE	RADIOGRAPHS	CALCULUS CLASSIFICATION	STAIN	CHAIR TIME	TREATMENT COMMENTS
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		
	M F			FMX BWX PA	SUPRAGINGIVAL L M H	NONE		
				PAN OTHER	SUBGINGIVAL L M H	L M H		

**ENTER ALL TOTALS ON FRONT PAGE**

**DUPLICATE FORM AS NEEDED**