

ALABAMA DENTAL HYGIENE PROGRAM PROPHY FACT SHEET

CANDIDATE NUMBER _____
CLINICAL DOCUMENTATION 2019-2020

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		
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	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 =** _____

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	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