

ALABAMA DENTAL HYGIENE PROGRAM PROPHY FACT SHEET

CANDIDATE
NUMBER _____ **CLINICAL**
DOCUMENTATION 2021-2022

| 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 | | |
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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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ENTER ALL TOTALS ON FRONT PAGE

DUPLICATE FORM AS NEEDED