

Mouth Mapping Journal

Instructions

Step 1: Place an X on any missing teeth

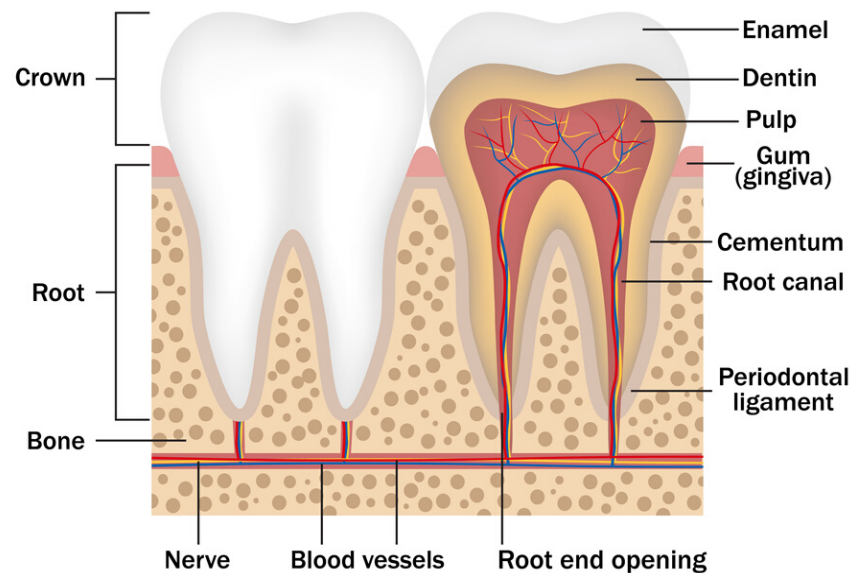
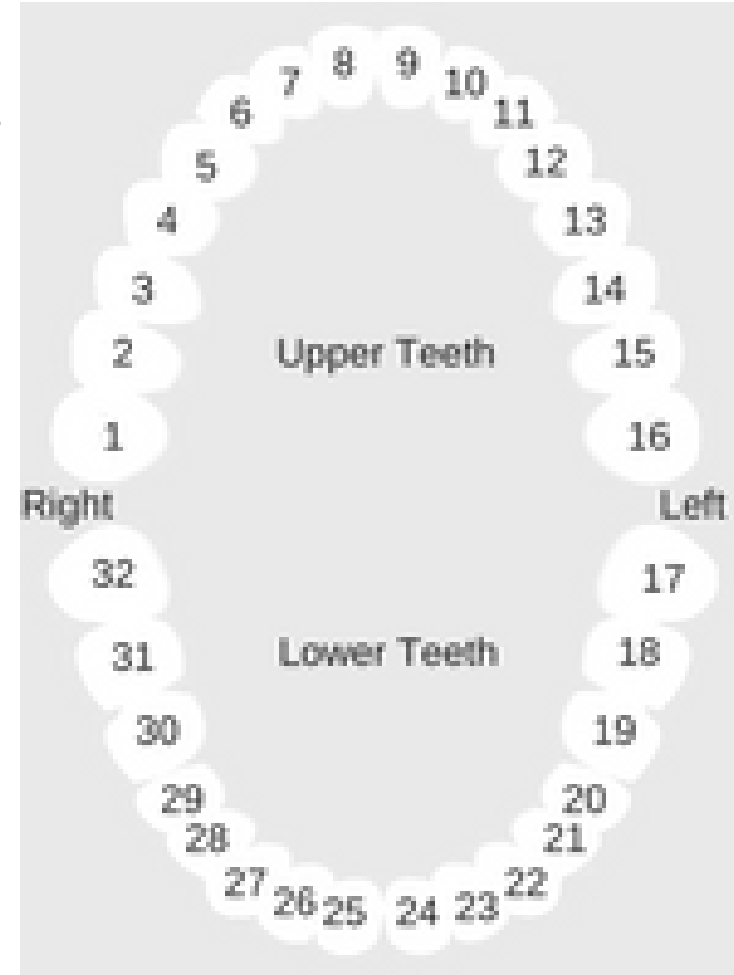
Step 2: Use your finger, toothbrush, floss, or a gum stimulator and press on each tooth and gums surrounding each tooth.

Step 3: Record on the chart to the right or on the next page any signs of discomfort, recession, and more according to the legend to the right.

Legend

Bleeding - BL
Gum Recession - RE
Pain/Sensitivity - PS
Swelling - SW
Abscess - AB
Cavity - CA
Discolored - DC
Broken - BK
Filling - FL
Crown - CR
Bridge - BR
Implant - IM

Date Completed: _____



Teeth Chart

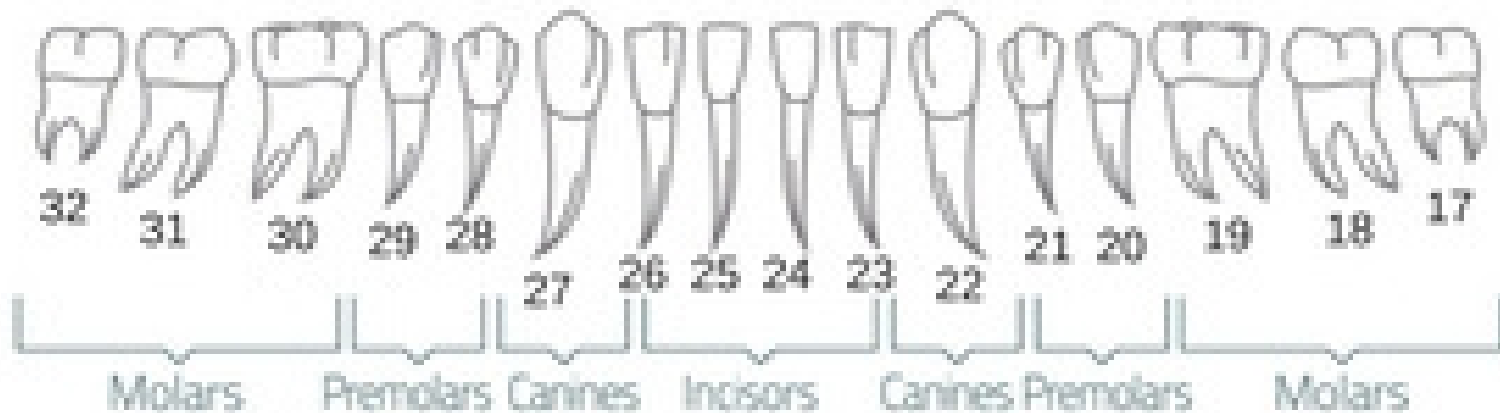
Make notes on the chart below and use to properly assess the exact locations of conditions in your mouth.

Upper Teeth



Right Side

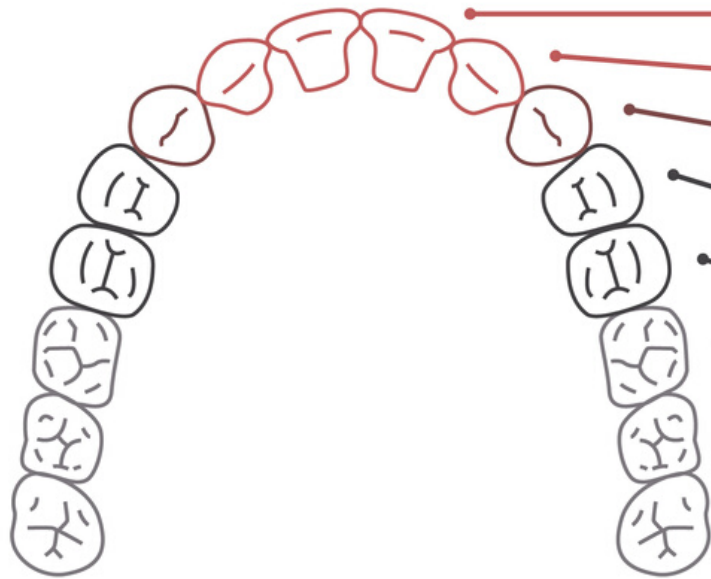
Left Side



Lower Teeth

Tooth Nomenclature and Eruption

ADULT (PERMANENT) TEETH CHART

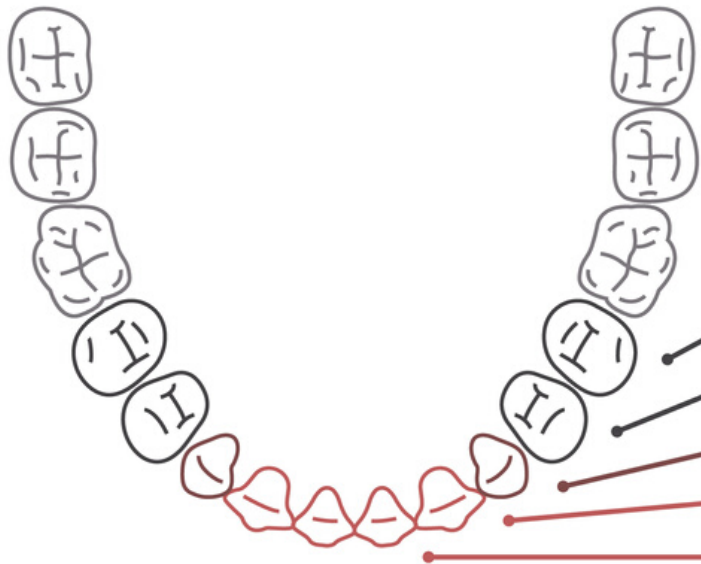


UPPER TEETH

Central incisor
Lateral incisor
Canine
1st Premolar
2nd Premolar
1st Molar
2nd Molar
3rd Molar

TOOTH ERUPTS

7-8 years
8-9 years
11-12 years
10-11 years
10-12 years
6-7 years
12-13 years
17-21 years



LOWER TEETH

3rd Molar
2nd Molar
1st Molar
2nd Premolar
1st Premolar
Canine
Lateral incisor
Central incisor

TOOTH ERUPTS

17-21 years
11-13 years
6-7 years
11-12 years
10-12 years
9-10 years
7-8 years
6-7 years

Tooth Notes

Use as needed to record conditions or miscellaneous notes.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____

17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
31. _____
32. _____



My Oral Care Tool Kit

Please use this page to record the habits and products you currently use to care for your oral health. Refer to my "Oral Care Tool Kit," where you can find a list of my recommended products that will give you the best chance at reaching your oral health goals. Brush and floss twice per day. Use xylitol mints or gum to maintain a healthy oral environment throughout the day. Always be mindful of the food types and frequency you consume because a healthy diet promotes a healthy mouth. Use this sheet to practice conscious oral care and be more aware of why and how you care for your oral health.

My Products

Toothbrush: _____

Toothpaste: _____

Floss: _____

Mouthwash: _____

Gum/Mints: _____

My Routine

MORNING:

Brush (Yes/No): _____ a.m.

Floss (Yes/No): _____ a.m.

Mouthwash (Yes/No): _____ a.m.

AFTERNOON:

Gum/Mints (Yes/No): _____ p.m.

EVENING:

Brush (Yes/No): _____ p.m.

Floss (Yes/No): _____ p.m.

Mouthwash (Yes/No): _____ p.m.

