

# Hygienist Handoff Checklist



Patient: \_\_\_\_\_

Change in Health History: \_\_\_\_\_

Last PX: \_\_\_\_\_ Last FMS: \_\_\_\_\_ Last BWX: \_\_\_\_\_ Last Perio Chart: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Radiograph of Complaint Area	YES	NO
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Restorative Needs Today: \_\_\_\_\_

Cell# \_\_\_\_\_

Email \_\_\_\_\_

Fluoride	YES	NO
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Scheduled for Next Recall	YES	NO
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Patient Photo	YES	NO
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AFR	YES	NO
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