



Dental Dental Hygienist Workflow Checklist 2026: Prophylaxis & Periodontal Care

Pre-Appointment Preparation

Ensuring the operatory is sterile, all necessary instruments are assembled, and patient charts are reviewed for updates.

Sterilization Status Verification

☐

Required Operatory Setup

- ☐ Hand instruments (Scalers/Periodontal probes)
- ☐ High-speed/Low-speed handpieces
- ☐ Ultrasonic scaler tips
- ☐ Polishing discs/cups
- ☐ PPE (Gloves, Masks, Eyewear)

Preparation Completion Date

Patient Chart Review Notes

Write something...

Hygienist Verification

Patient Greeting & Medical History Review

Verifying patient identity, updating medical/dental history, and checking for recent changes in health status or medications.

Date of Visit

Enter date...

Patient Full Name

Write something...

Patient Identity Verified

☐ Yes

☐ No

Changes in Medical History

- ☐ New Medications
- ☐ Allergies
- ☐ Recent Surgeries
- ☐ Chronic Conditions
- ☐ None/No Changes

Notes on Medical History Updates

Write something...

Hygienist Acknowledgment

Clinical Assessment & Periodontal Probing

Performing full-mouth periodontal probing, assessing gingival inflammation, and documenting recession or pocket depths.

Date of Examination

Enter date...

Highest Pocket Depth (mm)

Enter a number...

Clinical Findings

- ☐ Gingival Inflammation
- ☐ Bleeding on Probing (BOP)
- ☐ Recession
- ☐ Calculus Detected
- ☐ Furcation Involvement

Detailed Periodontal Observations

Write something...

Hygienist Verification

Dental Radiograph Acquisition

Executing necessary bitewing or periapical X-rays according to the 2026 diagnostic protocol and radiation safety standards.

Radiograph Types Performed

- ☐ Bitewing
- ☐ Periapical
- ☐ Panoramic
- ☐ Cephalometric
- ☐ CBCT

Radiograph Findings/Observations

Write something...

Date of Imaging

Enter date...

Radiation Safety Compliance Check

- ☐ Lead Apron/Thyroid Collar Used
- ☐ Collimation Verified
- ☐ ALARA Protocol Followed

Upload Digital X-Ray Images

 Upload File

Hygienist Verification

Prophylaxis & Scaling Procedure

Step-by-step execution of supra-gingival and sub-gingival scaling, removal of calculus, and biofilm management.

Scaling Areas Completed

- ☐ Maxillary Anterior
- ☐ Maxillary Posterior
- ☐ Mandibular Anterior
- ☐ Mandibular Posterior

Instrument Type Used

- ☐ Ultrasonic Scaler
- ☐ Hand Scalers
- ☐ Sonic Instrument

Calculus/Biofilm Findings

Write something...

Observations/Notes during Scaling

Write something...

Hygienist Verification

Polishing & Fluoride Application

Cleaning tooth surfaces with professional paste and applying preventative fluoride treatments or sealants as prescribed.

Polishing Agent Used

- ☐ Prophy Paste - Fine Grit
- ☐ Prophy Paste - Medium Grit
- ☐ Prophy Paste - Coarse Grit
- ☐ Air Polish

Fluoride Treatment Type

- ☐ Fluoride Varnish
- ☐ Fluoride Gel/Foam
- ☐ None/Not Required

Post-Polishing Observations

- ☐ No sensitivity noted
- ☐ Minor tooth sensitivity
- ☐ Residual staining observed
- ☐ Bleeding upon completion

Notes on Gingival Response

Write something...

Hygienist Verification

Patient Education & Oral Hygiene Instruction (OHI)

Demonstrating proper brushing/flossing techniques and discussing personalized nutritional or lifestyle recommendations.

Oral Hygiene Tools Discussed

- ☐ Manual Toothbrush
- ☐ Electric/Sonic Toothbrush
- ☐ Water Flosser
- ☐ Interdental Brushes
- ☐ Dental Floss/Tape
- ☐ Interproximal Mats

Specific Techniques Demonstrated

- ☐ Modified Bass Technique
- ☐ C-Shape Flossing Method
- ☐ Tongue Scraping/Cleaning
- ☐ Mouthwash/Rinse Usage

Dietary/Lifestyle Recommendations

Write something...

Patient Specific Concerns or Questions

Write something...

Patient Understanding Level

- ☐ Excellent
- ☐ Satisfactory
- ☐ Needs Reinforcement

Hygienist Verification

Clinical Documentation & Charting Completion

Finalizing periodontal charting, recording treatment notes, and ensuring all findings are accurately logged in the Practice Management Software.

Date of Procedure

Periodontal Status

- ☐ Healthy
- ☐ Gingivitis
- ☐ Periodontitis
- ☐ Maintenance

Areas Treated

- ☐ Maxillary Anterior
- ☐ Maxillary Posterior
- ☐ Mandibular Anterior
- ☐ Mandibular Posterior

Clinical Findings & Observations

Write something...

Hygienist Digital Signature

Post-Treatment Instructions & Scheduling

Providing post-op care advice, coordinating follow-up appointments, and notifying the front desk of any required doctor consultations.

Post-Operative Instructions Provided

- ☐ Pain Management Instructions
- ☐ Dietary Restrictions
- ☐ Oral Hygiene Modifications
- ☐ Warning Signs/Emergency Contact Info

Next Appointment Date

Enter date...

Next Appointment Time

Enter time...

Follow-up Instructions Summary

Write something...

Referral Required?

- ☐ No
- ☐ Yes - Specialist
- ☐ Yes - General Dentist

Hygienist Verification

Operatory Turnover & Sterilization

Disinfecting surfaces, disposing of biohazardous waste, and preparing the room for the next patient according to 2026 infection control standards.

Surface Disinfection Completed

- ☐ Dental Chair & Headrest
- ☐ Tray Tables & Light Handles
- ☐ Bracket Tray & Instrument Holders
- ☐ Countertops & Sink Area
- ☐ Patient Carp/Stool

Sterilization Indicator Status

- ☐ Internal Sterilization Tape: Passed
- ☐ Internal Sterilization Tape: Failed
- ☐ Biological Indicator (Spore Test): Valid

Disinfectant Lot Number

Write something...

Turnover Completion Date

Enter date...

Hygienist Verification

< Previous

> Next

✓ Finish

🔗 Generate Sample Report