SmileLogic
A prevention-forward dental hygiene clinic
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Dental Hygiene Communication Form

Patient Name:

Date of Visit: 08/31/2025

Imaging
☐ FMX taken
☐ BW taken
☐ PA taken
☐ None taken
Notes:

Caries Risk
☐ Low ☐ Moderate ☐ High

Areas of concern:
☐ None

Periodontal Condition
Stage: ☐ I ☐ II ☐ III ☐ IV
Grade: ☐ A ☐ B ☐ C
Additional findings: _____

Biofilm level: ☐ New ☐ Older ☐ Acidic
Areas of inflammation or bleeding:
☐ None
Details: _____

Systemic & Oral Concerns

☐ No systemic concerns identified

Concerns noted: _____

Referrals

☐ Periodontist ☐ Oral Surgeon ☐ Sleep/airway evaluation ☐ Myofunctional

☐ Other: _____

Reason for referral: _____

Additional Notes