

My Mouthcare Plan _____



Keep My Teeth

Insert logo here

My mouthcare goals

(e.g. pain free, clean mouth, decay free, healthy gums)



Mouthcare: How I will do it

- My toothbrush is _____ (brush)
- My interdental cleaner is _____ (floss)
- My toothpaste is _____ (paste)
- I also use _____ (wash/gels)
- I brush my teeth _____ (when)
- I brush for _____ (how long)
- Where I brush my teeth _____ (where)
- I need help from _____ (who)
- The support I need is _____ (how)
- _____ (other)

Tips

- My brushing should match video(s) number _____
- Gently hold out my cheek using a hooked finger, if needed
- Brush where teeth meet the gum. If gums bleed - that's OK
- Make sure all teeth are cleaned comfortably and thoroughly
- Spit out toothpaste afterwards and no rinsing



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www.brushmyteeth.ie

Advice about sugar and eating

_____ (Details)

TIP: Avoid sugary foods and drinks between meals - watch out for hidden sugars

Visiting the dental team

Visit _____ (who, where & when)
_____ (other)

Other things I will do

_____ (e.g stop smoking)

We know my plan is working when... (What changes?)

Feedback

