stryker

Basic oral care practice assessment

Mail	to:	

Facility:

Date:

Sage attn: CustomerOne 3909 Three Oaks Road Cary, IL 60013

Sales Rep:

		Toothbrush in room?		Was the toothbrush used?		Oral rinse in the room?		Where was the toothbrush located?	Additional notes	
#	Unit	Room	Yes	No	Yes	No	Yes	No		
1			0	0	0	0	0	0		
2			0	0	0	0	0	0		
3			0	0	0	0	0	0		
4			0	0	0	0	0	0		
5			0	0	0	0	0	0		
6			0	0	0	0	0	0		
7			0	0	0	0	0	0		
8			0	0	0	0	0	0		
9			0	0	0	0	0	0		
10			0	0	0	0	0	0		
11			0	0	0	0	0	0		
12			0	0	0	0	0	0		
13			0	0	0	0	0	0		
14			0	0	0	0	0	0		
15			0	0	0	0	0	0		
16			0	0	0	0	0	0		
17			0	0	0	0	0	0		
18			0	0	0	0	0	0		
19			0	0	0	0	0	0		
20			0	0	0	0	0	0		
21			0	0	0	0	0	0		
22			0	0	0	0	0	0		
23			0	0	0	0	0	0		
24			0	0	0	0	0	0		
25			0	0	0	0	0	0		

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		Toothbrush in room?Was the toothbrush used?Oral rinse in the room?		e in the	Where was the toothbrush located?	Additional notes				
#	Unit	Room	Yes	No	Yes	No	Yes	No		
26			0	0	0	0	0	0		
27			0	0	0	0	0	0		
28			0	0	0	0	0	0		
29			0	0	0	0	0	0		
30			0	0	0	0	0	0		
31			0	0	0	0	0	0		
32			0	0	0	0	0	0		
33			0	0	0	0	0	0		
34			0	0	0	0	0	0		
35			0	0	0	0	0	0		
36			0	0	0	0	0	0		
37			0	0	0	0	0	0		
38			0	0	0	0	0	0		
39			0	0	0	0	0	0		
40			0	0	0	0	0	0		
41			0	0	0	0	0	0		
42			0	0	0	0	0	0		
43			0	0	0	0	0	0		
44			0	0	0	0	0	0		
45			0	0	0	0	0	0		
46			0	0	0	0	0	0		
47			0	0	0	0	0	0		
48			0	0	0	0	0	0		
49			0	0	0	0	0	0		
50			0	0	0	0	0	0		

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		Toothbrush in room?Was the toothbrush used?Oral ring room?		se in the	the Where was the toothbrush located?	Additional notes				
#	Unit	Room	Yes	No	Yes	No	Yes	No		
51			0	0	0	0	0	0		
52			0	0	0	0	0	0		
53			0	0	0	0	0	0		
54			0	0	0	0	0	0		
55			0	0	0	0	0	0		
56			0	0	0	0	0	0		
57			0	0	0	0	0	0		
58			0	0	0	0	0	0		
59			0	0	0	0	0	0		
60			0	0	0	0	0	0		
61			0	0	0	0	0	0		
62			0	0	0	0	0	0		
63			0	0	0	0	0	0		
64			0	0	0	0	0	0		
65			0	0	0	0	0	0		
66			0	0	0	0	0	0		
67			0	0	0	0	0	0		
68			0	0	0	0	0	0		
69			0	0	0	0	0	0		
70			0	0	0	0	0	0		
71			0	0	0	0	0	0		
72			0	0	0	0	0	0		
73			0	0	0	0	0	0		
74			0	0	0	0	0	0		
75			0	0	0	0	0	0		