

Basic oral care practice assessment

#	Unit	Room	Toothbrush in room?		Was the toothbrush used?		Oral rinse in the room?		Where was the toothbrush located?	Additional notes
			Yes	No	Yes	No	Yes	No		
51			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
52			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
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