SIKKA DENTAL CORP.

(408) 259-1280
www.sikkadds.com

PRINT ME · USE ME EVERY DAY

My Daily Smile Checklist

Check each box when you are done. Every small step matters — you do not have to be perfect.



My name _____

Week of _____

My helper (if any) _____

Morning

- ☐ Brushed my teeth.
- ☐ Cleaned my tongue.
- ☐ Used fluoride toothpaste.
- ☐ Followed my dentist's extra instructions.

Evening

- ☐ Cleaned between my teeth, if appropriate.
- ☐ Brushed my teeth.
- ☐ Cleaned my dentures or dental appliances, if applicable.
- ☐ Received help from my caregiver, if needed.

My 7-day habit tracker

Each day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Brushed my teeth	☐	☐	☐	☐	☐	☐	☐
Cleaned my tongue	☐	☐	☐	☐	☐	☐	☐
Fluoride toothpaste	☐	☐	☐	☐	☐	☐	☐
Dentist's extra instructions	☐	☐	☐	☐	☐	☐	☐
Evening							
Cleaned between my teeth	☐	☐	☐	☐	☐	☐	☐
Brushed my teeth	☐	☐	☐	☐	☐	☐	☐
Dentures / appliances	☐	☐	☐	☐	☐	☐	☐
Help from my caregiver	☐	☐	☐	☐	☐	☐	☐

Questions for my dentist

_____

_____

Questions? Call Sikka Dental

(408) 259-1280

Face swelling with trouble breathing or swallowing? Call 911.