

Dental Bridge Cleaning Planner

Bring this page to your dentist or hygienist for a demonstration.

Name: _____ Visit date: _____

1. My bridge

Location (upper / lower, left / right, or tooth numbers):

Support type, if known:

☐ Natural teeth

☐ Implants

☐ Unsure

2. Tools recommended by my dental team

☐ Floss threader

☐ Specialty bridge floss

☐ Interdental brush

☐ Water flosser

☐ Small tufted brush

☐ Other

Exact tool / brush size / device tip or setting:

3. Technique and areas needing attention

Ask your hygienist to show where each tool goes and how to use it.

☐ Demonstration received

☐ I need more practice or help

Follow the instructions for your particular bridge and tools.

Do not force floss or a brush through a space that feels blocked.

This planner records professional advice; it is not a diagnosis or treatment plan.

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Practice the recommended routine and record what needs attention.

Week starting: _____

4. Seven-day practice record

Check completed care. Note the tool used and any difficulty.

Day / date	Brush AM	Brush PM	Clean underneath	Tool used / difficulty / symptoms, if any
Day 1 _____	☐	☐	☐	_____
Day 2 _____	☐	☐	☐	_____
Day 3 _____	☐	☐	☐	_____
Day 4 _____	☐	☐	☐	_____
Day 5 _____	☐	☐	☐	_____
Day 6 _____	☐	☐	☐	_____
Day 7 _____	☐	☐	☐	_____

5. Questions and follow-up

Areas that are hard to clean / symptoms to discuss:

Next appointment / action: _____

Contact your dentist for persistent bleeding, pain, odor, or repeatedly snagging floss.

Seek prompt dental care for swelling, pus, or a loose bridge.

Do not delay care to finish this record. Follow any individualized cleaning instructions.