

Denture Soreness & Oral Changes Visit Planner

Record what you have noticed and bring this sheet to your dentist or doctor. Describe changes in your own words; you do not need to identify the cause.

Name / date / dental office phone:

1. What I have noticed

Where is the soreness or change? (Upper / lower / other area)

When did it begin? Is it constant, improving, or returning?

Check anything you have noticed:

- ☐ Redness or tender areas
- ☐ White patches or changes in appearance
- ☐ Burning, unusual taste, or a cottony feeling
- ☐ Discomfort when eating or wearing my dentures

Other changes / what makes symptoms better or worse:

2. How this affects my day

Eating / drinking / swallowing / denture wear:

What I have tried / whether it helped:

This worksheet cannot diagnose thrush. Contact your dentist or doctor about white patches, persistent redness, or soreness. Do not delay care to complete it.

Denture Care & Visit Notes

Visit Planner

3. My routine and recent changes

Denture type / age / recent repairs or adjustments:

How I clean my dentures / products I use:

Overnight removal / storage routine:

Fit changes / rubbing / adhesive use:

Dry mouth / recent medicines, antibiotics, or inhaler use:

Bring your medication list. Do not stop or change medicines on your own.

4. Questions and instructions

Ask: What may be causing this? Does my denture fit need attention?

Do my mouth and denture both need treatment? How should I clean and store my dentures during treatment? When should I contact you again?

My additional question:

Clinician instructions / treatment / denture-care changes:

Follow-up date / whom to call / contact number:

Bring this planner to your visit. Keep the instructions for reference.