

Toothpaste Shopping Comparison Sheet

My shopping priorities

Use this sheet to prepare for a purchase or a conversation with your dental team.
Copy product details from current labels.

Name: _____ Date: _____

1. What I use now

Current toothpaste (exact name):

What I like or find uncomfortable:

2. Concerns to discuss with my dental team

- ☐ Sensitivity or tooth pain
- ☐ Dry mouth or irritation while brushing
- ☐ Gum bleeding or tenderness
- ☐ Repeated cavities or exposed roots
- ☐ Other: _____

3. My preferences and budget

Flavor / foaming preferences:

Budget per tube or pack: \$ _____

Dentist or hygienist recommendations:

This sheet does not diagnose symptoms or replace dental care.

Toothpaste Shopping Comparison Sheet

Compare two products

Use the exact product and flavor names. Mark comfort as "not tried" if you have not used that formulation.

Feature / detail	Product A	Product B
Exact name / flavor		
Retailer / date checked		
Active ingredients		
Stated purposes on label		
Fluoride details on label		
SLS-free? (check label)		
Total net weight (oz)		
Total purchase price		
Price per ounce		
Label directions / warnings		
Comfort, if tried		

Price per ounce = total price divided by total net ounces.
For multipacks, add the weight of all tubes. Use the same units.

My choice or question before buying:

Shopping organizer, not a treatment plan. Check current labels and follow your dental professional's advice, including prescription directions.