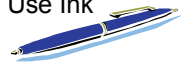




**PATIENT CONTINUING CARE FORM**

Use Ink



**C.E. INITIALS** \_\_\_\_\_

**CANDIDATE #** \_\_\_\_\_

**DATE** \_\_\_\_\_

**EXAM SITE:** \_\_\_\_\_

**CANDIDATE INSTRUCTIONS:** Complete the Patient Continuing Care form with the treatment you anticipate providing today. List the name of a referral dentist or dental hygienist if your patient will be seeing a licensed private practitioner. If listing a school, include the school name, department, and telephone number that your patient can call for completion of care. Any additional treatment is the responsibility of the patient.

After completion of the exam, give the **white copy to your patient and place the yellow copy in your WREB Candidate Packet.**

**PATIENT'S FIRST & LAST NAME** \_\_\_\_\_

**CANDIDATE'S FIRST & LAST NAME** \_\_\_\_\_

1. State the treatment planned for the WREB exam today:

\_\_\_\_\_  
\_\_\_\_\_

2. List the dental hygiene treatment that needs to be completed following the WREB exam:

\_\_\_\_\_  
\_\_\_\_\_

3. Note the recommended recare interval for dental hygiene maintenance.

\_\_\_\_\_

4. List all oral health considerations and oral hygiene instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dentist:** \_\_\_\_\_

**Hygienist:** \_\_\_\_\_

**Business address or school location:**

**Business address or school location:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**PATIENT'S SIGNATURE:** \_\_\_\_\_