

Hygiene Instruments

RDH Name _____ Date _____
Office _____

Please Indicate the number of instruments you have on each line.
Indicate S(sharp) or D(dull)/needs sharpening.

Six (6) "healthy" kits banded green

- _____ mirror
- _____ S D explorer/probe
- _____ S D 6/7 Sickle Scaler
- _____ S D 204S Posterior Scaler
- _____ S D 1/2 Curette

Four (4) "perio" kits banded red

- _____ S D 11/12 ODU Periodontal Explorer
- _____ S D 11/12 Curette
- _____ S D 13/14 Curette
- _____ S D 5/6 Barnhart Universal Scaler

Other instruments you would like

- _____
- _____
- _____
- _____
- _____
- _____

Additional notes:

