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RECORD OF EXPERIENCE PORTFOLIO PLAQUE INDICES

SUPERVISED RECORD 1

Date:	Supervisor name and GDC number:		
Patient Profile:			
Referral:			
Calculations of Plaque Control Record:			
OBSERVATIONS BY SUPERVISOR/MENTOR			
PATIENT CARE AND COM	MUNICATION	STANDARD ACHIEV	ED
 Procedure explained to patient Opportunity given to patient to ask questions Consent given by patient Pre-disclosing information given Plaque Control Record carried out Explained score to patient, advice on how to improve Supervisor comments:		 Excellent/ Satisfactory/ Unsatisfactory 	
			Supervisor signature:
Student reflective notes/	learning experience:		

GDC NUMBER:

FULL NAME: