



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## PRACTICAL DEMONSTRATION

I *Supervisor first name* *Last name* *GDC number* have provided  
*Student name and GDC number* with practical training including demonstrating how to;

Tick:

1. Review medical/dental history
2. Explain treatment to patient, reason for treatment, risks, benefits
3. Gain patient consent
4. Isolate tooth/teeth
5. Apply topical fluoride
6. Give post-treatment instructions
7. Write clinical notes.

*Date*

*Supervisor signature*

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Learning notes from practical demonstration - *To be completed by student*



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 1

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Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

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### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 2

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Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

---

### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 3

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

---

### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 4

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

---

### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 5

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

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### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 6

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

---

### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 7

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

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### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:





# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 8

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

---

### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 9

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

---

### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences:



# RECORD OF EXPERIENCE PORTFOLIO FLUORIDE VARNISH APPLICATION

## SUPERVISED RECORD 10

---

Date:

Supervisor name and GDC number:

Patient Profile:

Treatment required and reason:

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### OBSERVATIONS BY SUPERVISOR/MENTOR

#### PATIENT CARE AND COMMUNICATION

#### STANDARD ACHIEVED

1. Treatment explained to patient
2. Reason for treatment explained to patient
3. Opportunity given to patient to ask questions
4. Consent given by patient
5. Medical/dental history checked
6. Practical application of fluoride varnish
7. Post treatment advice/instructions given to patient

Supervisor comments:

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Supervisor signature:

Student reflective notes/learning experiences: