

# 7-DAY TOOTH EXTRACTION RECOVERY CHECKLIST

PATIENT NAME:

DAILY SCHEDULE

DATE OF EXTRACTION:

- INSTRUCTIONS: TRACK DAILY PAIN (0-10 SCALE), MEALS, AND NOTES. CONSULT PREMIER DENTISTRY AT (503) 667-1184 FOR CONCERNS.
- NUTRITION: LIST 2-3 SOFT FOODS CONSUMED (E.G., "YOGURT, SOUP"). ENSURE LIQUIDS/SOFTS ONLY DAYS 1-3.
- HEALING PROGRESS/NOTES: JOT OBSERVATIONS LIKE "LESS SWELLING" OR "MILD BLEEDING." FLAG ISSUES (FEVER, PUS). TRACK ONCE DAILY; SHARE AT FOLLOW-UP. CALL (503) 667-1184 IF PAIN >5 OR CONCERNS ARISE.

DAY	PAIN LEVEL (0-10)	NUTRITION (SOFT FOODS EATEN)	HEALING PROGRESS /NOTES
1			
2			
3			
4			
5			
6			
7			

FOLLOW-UP: SCHEDULE CHECK-UP IF PAIN >5 OR ISSUES ARISE. [DOWNLOAD PRINTABLE PDF HERE.](#)