

## **Dietary Analysis and Advice**

This sheet allows us to evaluate any hidden sources of sugar that may be causing your dental decay and/or toothwear together.

It is an extremely important document and underpins much of the information that is required to help improve your oral and general health.

Please could you complete this form contemporaneously?


It should include information on 3 consecutive days of which 1 day should be a weekend i.e. Thursday, Friday and Saturday or Sunday, Monday and Tuesday.

The more honestly and accurately that you complete this document, the more we will be able to provide you an accurate diagnosis and timely care.

The document should include everything that you eat and drink e.g. foods, hot drinks, cold drinks, fruits, snacks, mints etc. See example sheet.

Please do not hesitate to contact me if you have any queries on [aj@advancedrestorativecare.com](mailto:aj@advancedrestorativecare.com)

Many thanks



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**Example day 1: Sunday**    **Example date: 29/04/2018**

Time	Food/Drink/Snack	Comment by AJ
0800	1 x coffee with 2 sweeteners 2 slices of toast with jam	
0855	1 x glass of orange juice	
1030	1 x tea with ½ teaspoon of sugar	
1140	1 x bottle of flavoured water	
1225	1 x cheese sandwich 1 x packet of crisps 1 x small bottle of apple juice	
1330	1 x orange 2 x chewing gum	
1450	1 x bottle of fizzy water 1 x tea with ½ teaspoon of sugar	
1620	2 x pint of beer	
1815	1 x Gin and Tonic	
1910	3 x mints	
2000	Carrot and Coriander soup Shepherd's pie 1 x chocolate square	
2050	1 x scoop of ice cream	





