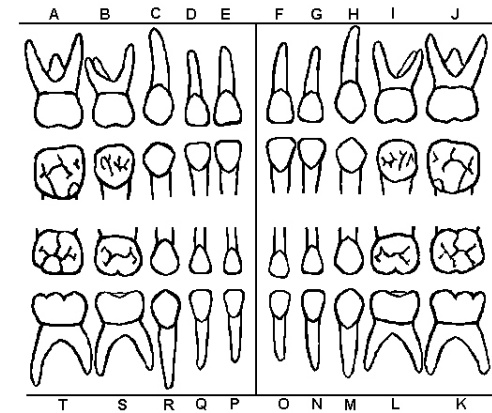
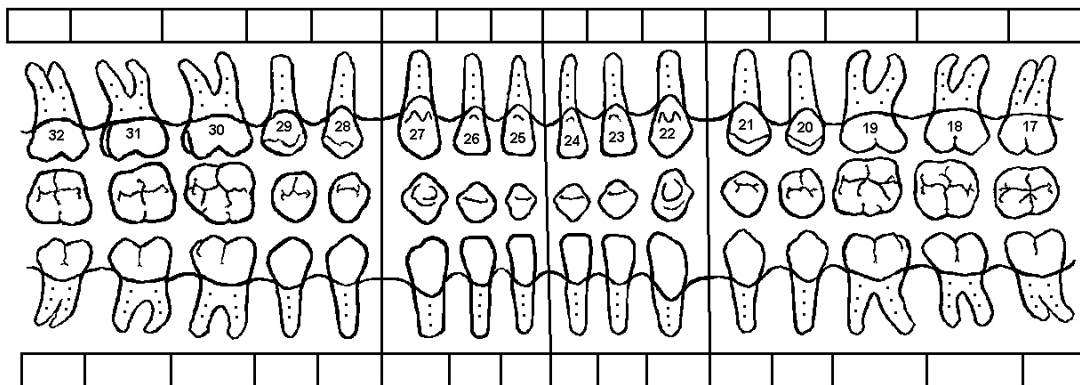
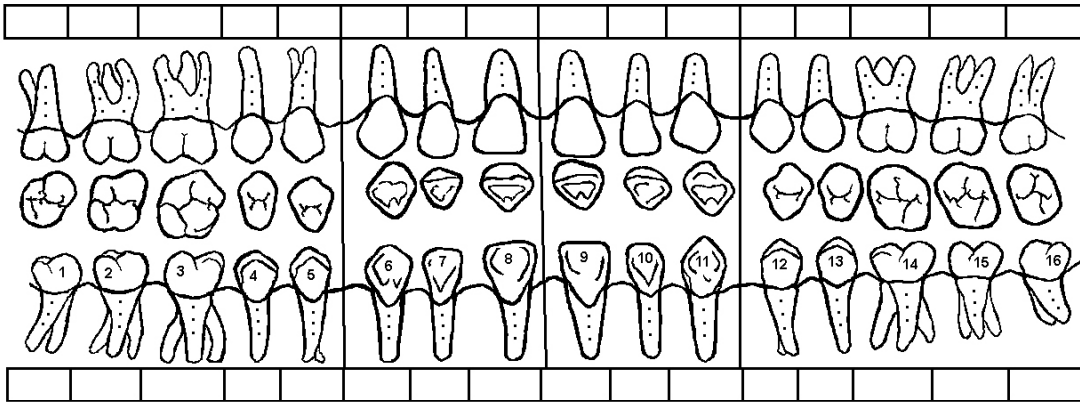


Name: _____ Date: _____

Each dot on tooth root represents 2mm recession.



Sonicare: Recommended Dispensed Using

Fluoride: Recommended Dispensed Using

OH: E G F P

Medical Alerts:

Clinical/X-ray Findings
1
2
3
4/A
5/B
6/C
7/D
8/E
9/F
10/G
11/H
12/I
13/J
14
15
16
17
18
19
20/K
21/L
22/M
23/N
24/O
25/P
26/Q
27/R
28/S
29/T
30
31
32

Appt 1:	Time
Appt 2:	
Appt 3:	
Appt 4:	
Appt 5:	
Notes for next recall:	
Next x-rays:	

Periodontal Disease Diagnosis:

- Healthy periodontium
- Gingivitis, localized / generalized
- Chronic Periodontitis, localized / generalized
slight / moderate / severe
- Aggressive Periodontitis, localized / generalized
slight / moderate / severe
- Other: _____

Maximum Inter-incisal Opening: _____ mm
 Midline: Max is _____ mm to the R / L of Mand
 Overbite: _____ mm or _____%; Overjet: _____ mm or _____%
 Orthodontics: _____

Recall Rx: 3 4 6 9 12
 by pt. request

Date:	BP:	Pulse	Smoker: Yes No Chew: Yes No	Physician:	
Med Hx Changes: __No Changes			Last Dental Exam/Cleaning: _____		
Current Meds: __None __Premed taken					
Head & Neck: __WNL Notes:					
Intraoral Soft Tissues: __WNL Notes:					
Current Homecare:	Toothbrush:	Electric TB: __Sonicare	Floss:	Rinse: __Gel-Kam __PreviDent	Other:
Plaque:	N L M H	where: _____	Bleeding:	N L M H	where: _____
Supra Calculus:	N L M H	where: _____	Inflammation:	N L M H	where: _____
Sub Calculus:	N L M H	where: _____	Sensitivity:	N L M H	where: _____
Stain:	N L M H	where: _____	Decalcifications:	Localized	Generalized
In-Office Education:	<u>PERIO</u>	<u>SENSITIVITY</u>	<u>EXTRACTIONS/REPLACEMENTS</u>	<u>CARIES CONTROL/COSMETIC</u>	
<u>HOME CARE</u>	__Gingival Recession	__Bruxism/Clenching	__Crowns	__Bleaching/Whitening	
__Brushing	__Grafting	__TMJ	__Bridges	__Deep Bleaching	
__Disclosing Sol'n/Tabs	__Gum Disease	__Cervical Erosion	__Implants	__Caries/Diet Control	
__Timer	__Gingivitis	__Cracked T. Symptoms	__Removable Partial	__Dry Mouth	
__Sonicare	__Periodontitis	__Fractured Root	__Missing teeth	__Gel-Kam/Prevident	
__Proxabrush	__Pocket Depths	__Endodontics	__Complete Dentures	__Fluoride Rinse	
__End Tuft	__Scaling/Root Planing	__Nightguard	__Denture Care	__Replacing Dark Flgs	
__Flossing	__Arestin	__Root Sensitivity	__Oral Surgery		
__Floss Threader	__Recalls	__Sensodyne	__Orthodontics	<u>OTHER</u>	
__Rubber Tip	__Perio Referral	__Duraflor	__3rd Molar Extraction	__Antibiotic Premed	
__Stimudent	__Perio Surgery	__Touch & Bond	__Other Extractions	__Chewing Tobacco	
__Toothpick/PerioAid	__Perio/heart disease	__Soda Pop	__	__Smoking	
__Chlorhexidine	__Perio/diabetes	__Acid Reflux	__	__X-rays	
__WaterPik	__			__Video Camera	
__Regular Recalls				__LASER	
				__DIAGNOdent	
Patient given:	TB: _____ Other: _____	Floss: _____ Sensodyne: _____	Gel-Kam _____ PreviDent _____		
Educ. Pamphlets:	__Scale/Root Plane	__Implants	__Endodontics	__Sealants	__Smoking
__Perio disease	__Bruxism reprint	__Bridges	__Orthodontics	__Crowns	__Chewing Tobacco
__Home care inst.	__Grinding	__Partial	__3rd Molars	__Bleaching	__TMJ
__Sonicare	__Cracked Tooth	__Full Dentures		__Sensitive teeth	__Dental Diary
Recommended Recall:	__3-month	__4-month	__6-month	__9-month	__12-month
Patient Requests:	__3-month	__4-month	__6-month	__9-month	__12-month
Referral Form given for Dr. _____	X-rays included: _____				
Dr. _____	X-rays included: _____				
Perio Recall Report mailed to Dr. _____	X-rays included: _____				
Local Anesthesia:	_____carpules of _____% _____ with 1:_____,000 vasoconstrictor				
__No Adverse Reactions	Notes:				
Scale/Root Planing:	__UR	__UL	__Localized areas only: _____	Arestin placed:	
	__LR	__LL	__CHX Irrigation	__Fl Irrigation	LASER: