

Department of Preventive Dental Sciences
 Division of Periodontics
 411 PDS Evaluation Form

Patient's Name & File No #:

Student's Name & university #:

Group #:

Cubic #:

Case Type: according to amount of local factors:

Gingivitis Slight Moderate Moderate to Severe Severe

Faculty Signature:

Procedure	Grade	Faculty Signature
<ul style="list-style-type: none"> • Part I 		
<ol style="list-style-type: none"> 1. Chief complaint, oral history, medical history & oral hygiene 		
<ol style="list-style-type: none"> 2. Examination, intra & extraoral examination 		
<ul style="list-style-type: none"> • Part II Periodontal Charting 		
<ul style="list-style-type: none"> • Part III Radiographic Evaluation 		
<ul style="list-style-type: none"> • Part IV 		
<ol style="list-style-type: none"> 1. Diagnosis 		
<ol style="list-style-type: none"> 2. Prognosis 		
<ul style="list-style-type: none"> • Part V Therapy 		
<ol style="list-style-type: none"> 1. Motivation & OHI Performance 		
<ol style="list-style-type: none"> 2. Scaling & polishing 		
<ol style="list-style-type: none"> 3. Scaling & Root planing: <ul style="list-style-type: none"> - Scaling & Root planing Quadrant I - Scaling & Root planing Quadrant II - Scaling & Root planing Quadrant III - Scaling & Root planing Quadrant IV 		
<ol style="list-style-type: none"> 4. Surgery 		
<ul style="list-style-type: none"> • Part VI Re-evaluation 		
<ul style="list-style-type: none"> • Part VII Recall & Maintenance 		

Total % of the grade after complete the case:

Faculty Signature: