

# Periodontal Examination & Charting Form

Student Name:

Computer No. :

Patient's Name:

File No.

Age: \_\_\_\_\_ yrs.

Gender:

Occupation:

Nationality

Marital Status:

Date

Chief Complaint:

Dental History

Medical History

Smoking:

No - Yes (type?, frequency?, how long?)

I. Extra-Oral Examination:

II. Intra-Oral Examination:

I- Gingiva:

a. Color:

b. Tone (consistency):

c. Contour:

d. Mucogingival Defects:

II- Other Oral Soft Tissues (Alveolar mucosa, Buccal mucosa, Tongue):

## Oral Hygiene Habits

- *Type of Tooth brush:*

Soft – Medium - Hard

- *Brushing Technique*

- *Interdental Aids*

*Yes (type):*

*No*

- *Miswak*

Yes – No

- *Other*

Radiographic Evaluation

**Plaque Retentive Factors:**

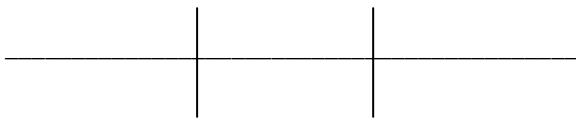
Over-hangs / defective restorations:

Calculus

Caries:

**Alveolar Bone Assessment:**

Horizontal Bone Loss (%)



Crestal Bone Density

Vertical Defects:

**Furcation Radiolucencies:**

**PDL Width:**

**Root length/ form/proximity:**

**Other findings / pathology:**

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Supervisor's Signature

Date

Diagnosis (Oral Diagnosis)

# Prognosis

**Overall:**

**Individual:**

# Treatment Plan

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Supervisor's Signature

Date

# Revaluation

## Definitive Treatment Plan

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Supervisor's Signature

Date

# Recall

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Supervisor's Signature

Date