



COLLEGE OF DENTISTRY
KING SAUD UNIVERSITY
DEPARTMENT OF PERIODONTICS AND COMMUNITY DENTISTRY

313 PCS - CASE EVALUATION FORM

STUDENT NAME:

STUDENT NUMBER:

PATIENT NAME:

FILE NUMBER:

Local Factor Assessment: LOCALIZED GENERALIZED

Case Weight According to Local Factors: SIMPLE MODERATE DIFFICULT

PROCEDURE	GRADE %	INSTRUCTOR NAME	GRADE	SIGNATURE
Personal data	5			
Clinical examination	10			
Periodontal charting	10			
Radiographic examination	5			
Diagnosis	5			
Prognosis	5			
Treatment planning	10			
SRP Quadrant-1	10			
SRP Quadrant-2	10			
SRP Quadrant-3	10			
SRP Quadrant-4	10			
Professionalism	10			
Total	100%			

Course Director Signature: