

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

I. Extra-Oral Examination:

Smoking:

No - Yes

(Type?, frequency?, how long?)

II. Intra-Oral Examination:

I.1. Buccal Mucosa:

I.2. Gingiva:

I.2.a. Color:

I.2.b. Tone (consistency)

I.2.c. Contour

I.2.d. Attached Gingiva

I.3. Mucogingival Defects

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:

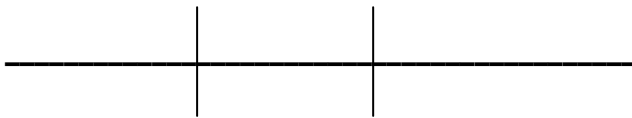
Over-hangs / defective restorations:

Calculus:

Caries:

Alveolar Bone Assessment:

Horizontal Bone Loss (%)



Crestal Bone Density:

Vertical Defects:

Furcation Radiolucencies:

PDL Width:

Root length/ form/proximity:

Other findings / pathology:

Supervisor's Signature

Date

Diagnosis (Oral Diagnosis)

Prognosis

Overall:

Individual:

Treatment Plan

Phase I

Phase II

Phase III

Phase IV

.....
Supervisor's Signature

Date

Revaluation

Definitive Treatment Plan

Supervisor's Signature

Date

Recall and Maintenance

Supervisor's Signature

Date