

313 PCS - CLINICAL PERIODONTOLOGY- I
Periodontal Examination & Charting Form

Student Name:.....

Computer No :

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: