

PERIODONTICS

Patient: _____

Date of Examination: _____ Examiner: _____

Treatment in Question: _____

X-rays taken at Exam? Yes _____ No _____ Reviewed: _____ Date & Type: _____

Describe radiographic findings: _____

Describe general periodontal health: _____

Patient's Contribution:

General health _____

Remarks: (wishes and attitudes) _____

Additional Complaints: _____

Remarks to Patient: Patient told to seek treatment. Yes ___ No ___ 1. Additional 2. Immediate 3. Emergency

Informed Consent(prior to treatment: Yes _____ No _____ Not Applicable _____)

CLINICAL SUMMARY: Satisfactory/Unsatisfactory (circle one)

State reason for above summary: _____

| | |
|--|-----------------------|
| Operational Explanation R - Range of excellence S - Satisfactory T - Unsatisfactory, future damage is likely to occur V - Unsatisfactory, damage to patient is now occurring | Comments/Observations |
| Root Planing & Sealing Treatment Plan acceptable / non-acceptable (circle one) Treatment RSTV (circle one) | Comments/Observations |
| Gingival Curettage Treatment Plan acceptable / non-acceptable (circle one) Treatment RSTV (circle one) | Comments/Observations |
| Periodontal Surgery Type: gingivectomy flap osseus muco-gingival other _____ Treatment Plan acceptable / non-acceptable Treatment RSTV (circle one) | Comments/Observations |

Dentist: _____

Patient: _____

Examiner: _____

Diagnosis (Type/Degree)

Gingivitis: _____
 Periodontitis: _____
 Mucogingival: _____
 Etiology: _____

Plaque Control

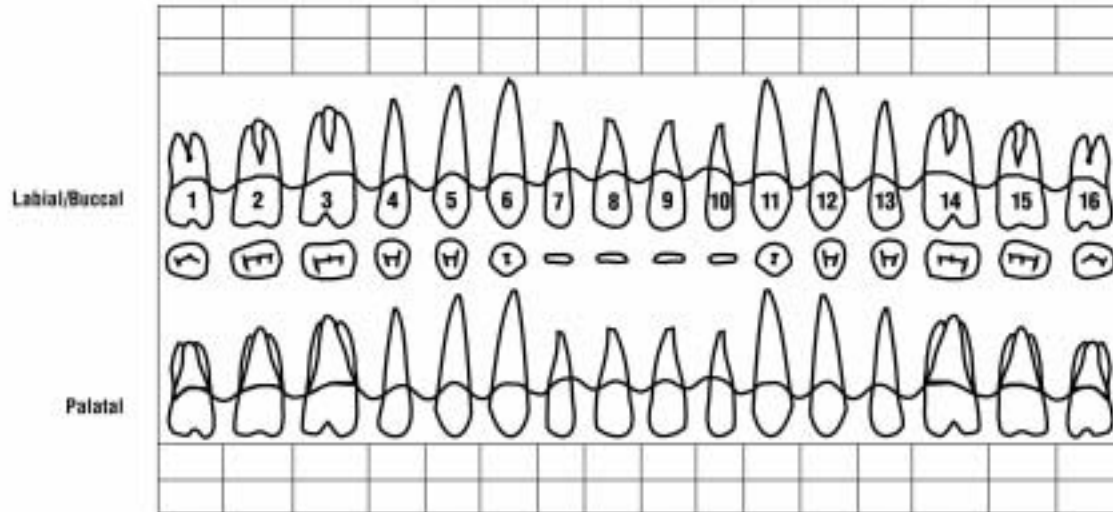
Good: _____
 Adequate: _____
 Poor: _____
 Tenacious subgingival calculus: _____

Gingiva

Recession: _____
 Enlarged/Pseudopocket: _____
 Pink: _____
 Red: _____
 Other: _____

Stippled: _____
 Glazed/Smooth: _____
 Firm: _____
 Edematous: _____
 Fibrous: _____

Knife Edge: _____
 Rolled: _____
 Blunted/Thick: _____
 Festooned: _____

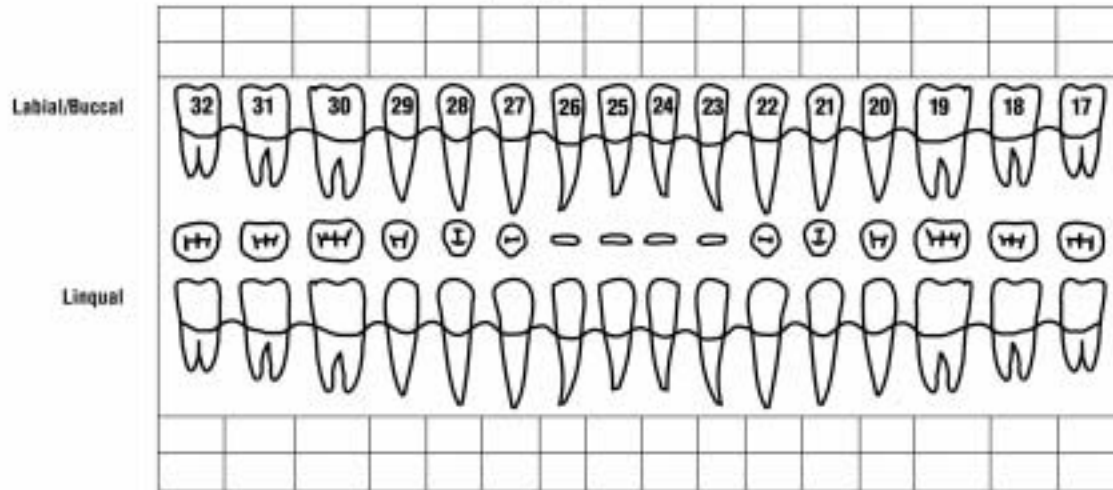


Occlusion: CL I II Division CL III

Stable: _____
 Bite collapse: _____
 Pathological Migration/Pre-maturities: _____
 Facets/Abrition: _____
 Plungers: _____
 Parafunctional/Habits: _____
 Cuspid Guidance: R _____ L _____
 Group Function: R _____ L _____
 Other: _____
 Bone Loss: Early _____ Moderate _____ Advanced _____
 Inadequate gingiva: _____

Prognosis:

Maxilla: Good _____ Fair _____
 Guarded/poor _____ Hopeless _____
 Mandible: Good _____ Fair _____
 Guarded/poor _____ Hopeless _____



Gingival Recession: Indicate amount of root surface.

S = Suppuration on Probing B = Bleeding on Probing M = Mucogingival Problems Furcation: ∇ ∇ ∇ Mobility: I II III

JL = Overhang GBOP = Generalized Bleeding on Probing II between teeth = poor contact