



**COLLEGE OF DENTISTRY  
FORM PERIO 2**



STUDENT YEAR	Patient Name & No.	EXAM	PREVENTIVE PROCEDURES										SURGERY				COMP.		INSTRUCTOR				
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		17	18		
		1	Periodontal Patient Analysis, classification		O.H.I., Disease Control	Scaling & Prophylaxis	Curett. & Root Planing	Occlusal Adjustment	Hem. Other Factors	Temporary Stabiliz.	Night Guard	Re-evaluation	Upper Right	Upper Anterior	Upper Left	Lower Left	Lower Anterior	Lower Right	Final Occl. Adjustment	Case Completed	Recall & Maintenance	Comments and Signature	