



I. Periodontal Assessment and Treatment Plan

Patient: _____

No. _____

Staff/Student: _____

Med. Alert	CPTN	1	2	3
		6	5	4

Recent X-Ray

O P G	
YEAR	

C M S	
YEAR	

1. _____	2. _____	3. _____
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REFERRED TO

1. Chief Complaint:

2.a Oral Hygiene:

No. of Brushing/Day _____

Type of Toothbrush _____

Brushing Technique _____

Toothpaste _____

Other Aids _____

2. History Oral:
 (Earlier Tx.)

3. Summary of Medical History

Smoking/Day:

Cigars (No.) _____

Cig. (No.) _____

Pipe (Gram) _____

Oke To Proceed

Sign: _____

4. Examination: (Age and Constitution)

Fetid Breath

4.a Extra-Oral: (including Lymph Nodes and TMJ)

4.b Intra-Oral: (including Soft Tissue and Gingival Description)

4.c. Periodontal Examination

Date: _____

Sens (±)	Pocket Depth						Furcation					Recession	Periodont Diagnosis		
	mb	b	db	dl	l	ml	m	b	d	l	m			o	b
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17															
16															
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48															

GI% BPP% PLI%

4.d

S = Supra-gingival
 SS = Supra & Sub-ging
 Sg = Sub-gingival

4.e Iatrogenic Factors: (including Restorations, Food Impaction)

4.f Radiographic Findings: (Brief)

4.g Supplemental Tests: _____

5.a Systemic Diagnosis: _____

5.b (Oral Diagnosis): _____

6. Preliminary Treatment Plan: _____

7.a Prognosis, General: _____

b Prognosis, Specific Teeth _____

Instructor's Signature: _____

Date: _____

II. Re-Evaluation and Definitive Treatment Plan

1. Periodontal Findings

Date: _____

Sens (±)	Pocket Depth						Surgery		m o b
	mb	b	db	dl	l	ml	Planned	Done	
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3. Definitive Treatment Plan:

G/% BPP P/%

2.a Summary of Re-Evaluation Findings:

2.b Comments:

Approved: _____

Date: _____

II. Re-Evaluation and Definitive Treatment Plan

1. Periodontal Findings

Date: _____

Sens (±)	Pocket Depth						Surgery		m o b
	mb	b	db	dl	l	ml	Planned	Done	
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3. Definitive Treatment Plan:

G/% BPP P/%

2.a Summary of Re-Evaluation Findings:

2.b Comments:

Approved: _____

Date: _____