

PATIENT NAME _____ DATE _____ DR. _____

PERIODONTAL TISSUES:

Color: Normal (Coral Pink) Marginal Redness Diffuse Redness Gen Loc _____

Contour: Normal Hyperplastic Rounded Gen Loc _____

Blunted Punched Out 'Nug'

Consistency: Normal Fibrotic Edematous (Swollen) Gen Loc _____

(Internal Quality) Fluctuant (Soft) Exudate Purulence

Texture: Normal (Stippled) Smooth Gen Loc _____

(Surface Quality)

Comments: _____

NORMAL

HOME CARE EFFECTIVENESS

Plaque: None Light Mod Heavy Gen Loc _____

Calculus: None Light Mod Heavy Gen Loc _____

Stain: None Light Mod Heavy Gen Loc _____

ADEQUATE

MUCOGINGIVAL CONCERNS:

Attached Tissue: Normal Minimum #s _____ None #s _____

Frenum Pull Areas: _____ Exotosis Areas: _____

Vestibular Concerns: _____

Smokes Chews Habits: _____

NORMAL

CANCER SCREENING:

External Lips Cheeks Palate Tongue Floor of Mouth Dentures

Describe: _____ Consult: _____

NORMAL

OCCLUSAL EVALUATION:

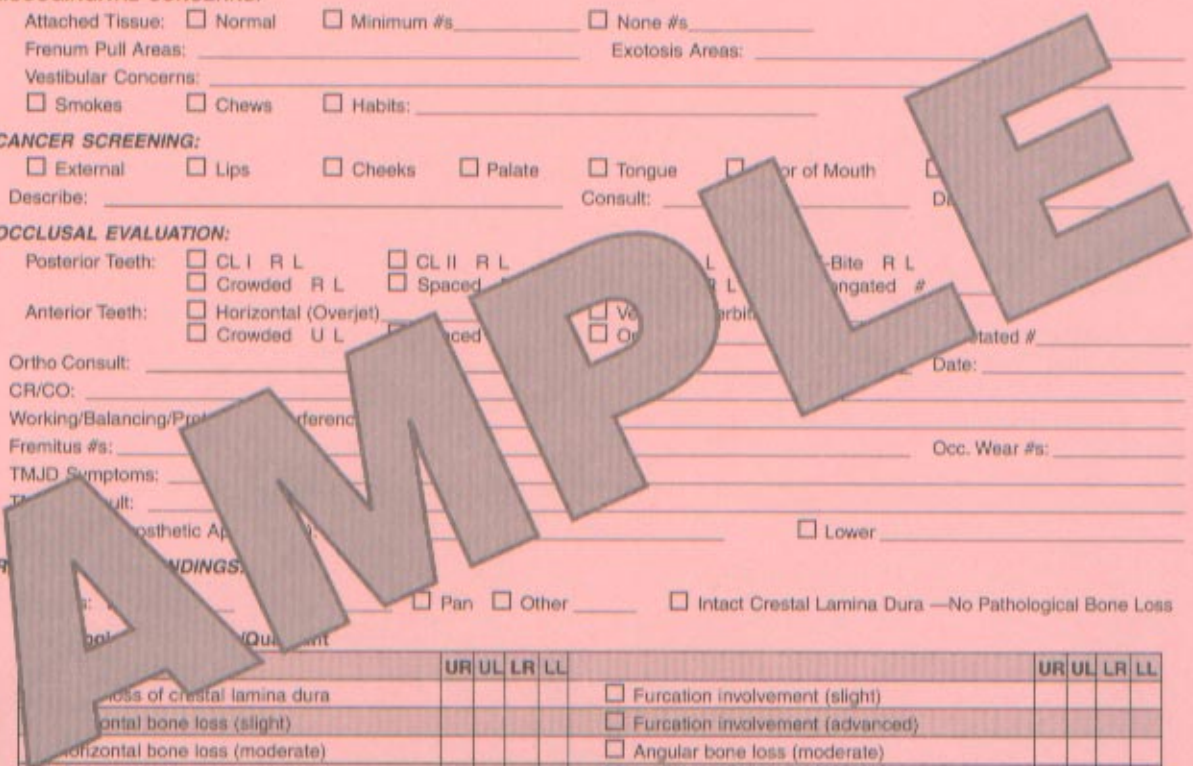
Posterior Teeth: CL I R L CL II R L CL III R L CL IV R L CL V R L Bite R L

Crowded R L Spaced R L Overbitten R L Overangulated # _____

Anterior Teeth: Horizontal (Overjet) Vertical Overbite

Crowded U L Spaced U L Overbitten U L Overangulated # _____

NORMAL



RECORD FINDINGS:

Other: _____

Pan Other _____ Intact Crestal Lamina Dura — No Pathological Bone Loss

	UR	UL	LR	LL		UR	UL	LR	LL
Loss of crestal lamina dura					<input type="checkbox"/> Furcation involvement (slight)				
Horizontal bone loss (slight)					<input type="checkbox"/> Furcation involvement (advanced)				
Horizontal bone loss (moderate)					<input type="checkbox"/> Angular bone loss (moderate)				
Horizontal bone loss (advanced)					<input type="checkbox"/> Angular bone loss (advanced)				

TREATMENT CLASSIFICATION:

Controlled Class I Gingivitis Class II Slight Periodontitis

Class III Mod Periodontitis Class IV Adv Periodontitis Class V Refrac Periodontitis

CONTROLLED

PROGNOSIS:

Good Fair #s _____ Guarded #s _____ Questionable #s _____ Poor #s _____

Hopeless #s _____ Interim & Final Restorative Objectives: _____

GOOD

MANAGEMENT CONSIDERATIONS:

Patient informed of treatment recommendations/alternatives/risks Patient consents to treatment

Patients wants inadequate or non-treatment; informed of consequences and risks involved

INFORMED CONSENT

Comments: _____

Date: _____ Patient: _____

Patient referred to periodontist _____ Date: _____

Limited Exam Complete Exam Consultation Same Day TMT Other _____

REFERRAL COMPLETED

Appointment: Scheduled Patient will call Periodontist will call

X-Rays: Mailed Patient will bring Periodontist will take

Medical Alert: _____ Pre-Medication: _____

General Dentist contacted periodontist: Date: _____ Phone Written Copies of Records

Restorative Treatment Plan/Comments: _____

Periodontist contacted general dentist: Date: _____ Results: _____

SPT RESPONSIBILITY

Responsibility for supportive periodontal treatment (SPT): General Dentist Periodontist Shared

PT informed PT Request Comments: _____