

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_ DR. \_\_\_\_\_

**PERIODONTAL SCREENING**

1. Enter the highest **code number** found in each sextant. An "X" is recorded if the sextant is edentulous.
2. Place an **asterisk (\*)** and **tooth number(s)** in any sextant that has a **special problem** – e.g., recession of 3.5 mm or greater, mobility, furcations, mucogingival problems, etc.
3. Complete (\*) information. List tooth number(s) and **narrative** of special problems on lines provided.

Date: \_\_\_\_\_


(\*) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_


(\*) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_


(\*) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_


(\*) \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_


(\*) \_\_\_\_\_  
\_\_\_\_\_


(\*) \_\_\_\_\_  
\_\_\_\_\_

SAMPLE

KEY FOR PERIODONTAL SCREENING* AND PATIENT CO-DISCOVERY					
GUIDE	CODE 0	CODE 1	CODE 2	CODE 3	CODE 4
WHO* Probe Reading	Color Band FULLY Visible (Less Than 3.5 mm)	Color Band FULLY Visible (Less Than 3.5 mm)	Color Band FULLY Visible (Less Than 3.5 mm)	Color Band PARTIALLY Visible (3.5 – 5.5 mm)	Color Band NOT Visible (Greater Than 5.5 mm)
Perio Tissue Condition	HEALTHY	BLEEDING on Probing	—	—	—
Presence of Calculus Or Other Irritant	NONE	NONE	PRESENT	—	—
Interpretation Guidelines	No Sign Of Disease	Gingivitis	Gingivitis May or May Not Be Present	Some Degree of Periodontal Disease May Be Present	Some Degree of Periodontal Disease May Be Present
Treatment Implication Guidelines	• Appropriate Preventive Care	• OHI • Appropriate Therapy • Subgingival Plaque Removal	• OHI • Appropriate Therapy • Subgingival Plaque Removal • Calculus Removal • Correction of Defective Restorative Margins	• Localized or Full Mouth Comprehensive Periodontal Exam • Documentation • Appropriate Radiographs	• Full Mouth Comprehensive Periodontal Exam • Documentation • Appropriate Radiographs • Probable Complex Treatment Needs
Include With Routine Oral Examinations (Adult Patients – 18 Years And Older)	Periodontal Screening	Periodontal Screening	Periodontal Screening	Comprehensive Periodontal Examination In Maintenance Phase	Comprehensive Periodontal Examination In Maintenance Phase

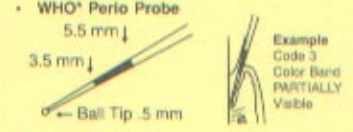
**Teeth Screened in Each Sextant**

1 – 5 Upper Right	6 – 11 Upper Anterior	12 – 16 Upper Left
17 – 22 Lower Right	23 – 28 Lower Anterior	29 – 32 Lower Left

**Sample Screening and Recording**  
Date: M/D/YR

2	0	3
2	29, 30	3

- #29 No attached tissue
- #30 Class II (moderate) furcation



- **Indications for a Comprehensive Periodontal Examination (Use C-103R)**  
**Localized:** Code 3 in one sextant  
**Full Mouth:** Code 3 in two or more sextants  
 Code 4 in any one sextant

\*Note: This Periodontal Screening form has been adapted from the Community Periodontal Index of Treatment Needs (CPITN) developed by the Oral Health Unit of the World Health Organization (WHO).  
 For additional information concerning periodontal screening and/or comprehensive periodontal examination forms, contact: Stepping Stones To Success™ at 1-800-548-2164 • FAX 1-719-545-3020