



LEMERY COLLEGES

A Bonifacio, Bagong Sikat, Lemery, Batangas

DENTAL HEALTH SERVICES

DENTAL RECORD FORM

Date: _____

Name of Student: _____
Surname First Name Middle Name

Course & Section _____

DENTAL HEALTH STATUS:

5	5	5	5	5	6	6	6	6	6
5	4	3	2	1	1	2	3	4	5
8	8	8	8	8	7	7	7	7	7
5	4	3	2	1	1	2	3	4	5

1	1	1	1	1	1	1	11	2	2	2	2	2	2	2	2
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

ORAL HEALTH CONDITION:

INITIAL SOFT TISSUE EXAM

Date of Examination				
Age last birthday				
Presence of Debris	Y	N	Y	N
Inflammation of Gingiva	Y	N	Y	N
Presence of Calculus	Y	N	Y	N
Under Orthodontic Treatment	Y	N	Y	N

<input type="checkbox"/> Lips	<input type="checkbox"/> Floor of Mouth	<input type="checkbox"/> Palate	<input type="checkbox"/> Tongue	<input type="checkbox"/> Neck & Nodes
INITIAL PERIODONTAL EXAM				
GINGIVAL INFLAMMATION:	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe	
SOFT PLAQUE BUILDUP:	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy	
HARD CALC BUILDUP:	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy	
STAINS:	<input type="checkbox"/> Light	<input type="checkbox"/> Moderate	<input type="checkbox"/> Heavy	
HOME CARE EFFECTIVENESS:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
PERIODONTAL CONDITION:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
PERIODONTAL DIAGNOSIS:	<input type="checkbox"/> Normal	<input type="checkbox"/> Gingivitis		
PERIODONTITIS:	<input type="checkbox"/> Early	<input type="checkbox"/> Moderate	<input type="checkbox"/> Advanced	
MUCOGINGIVAL DEFECTS:				

Dentofacial Anomaly, Neoplasm, Others, specify:

Tooth Count	T	P	T	P
Number of Teeth Present				
Number of Caries Free Teeth				
Number of Decayed Teeth				
Number of Missing Teeth				
Number of Filled Teeth				
Total <i>df</i> &DMF Teeth				

CLINICAL DATA:

OCCLUSION:	<input type="checkbox"/> Class 1	<input type="checkbox"/> Class II	<input type="checkbox"/> Class III	
T.M.J. EXAM:	<input type="checkbox"/> Pain	<input type="checkbox"/> Popping	<input type="checkbox"/> Deviation	<input type="checkbox"/> Tooth Wear

DENTAL/ORAL EXAMINATION REVEALED THE FOLLOWING CONDITIONS AND RECOMMENDATIONS:

<input type="checkbox"/> Caries Free	<input type="checkbox"/> Needs Prosthesis (Denture)
<input type="checkbox"/> Poor Oral Hygiene (Materia Alba, Calculus, Stain)	<input type="checkbox"/> For Endodontic Treatment
<input type="checkbox"/> Indicated for Restoration/Filling	<input type="checkbox"/> For Orthodontic Consultation
<input type="checkbox"/> Indicated for Extraction	<input type="checkbox"/> For Pits and Fissures Sealant Application
<input type="checkbox"/> Gingival inflammation	<input type="checkbox"/> Others
<input type="checkbox"/> Needs Oral Prophylaxis	<input type="checkbox"/> No Dental Treatment Needed at Present

TO: The Examining Dentist

Please accomplish the treatment needed and provide other dental history of the patient. Kindly sign and send back this form for inspection to the Ateneo de Manila High School Dental Health Services.

Dental Treatment Given: _____

School Dentist