|  |  |  |
| --- | --- | --- |
|  | “drg. M.Dony Istata”  Jl. Adirasa Blok AA No. 15  Perum Alam Permai Kolor Sumenep |  |

NO Kartu.

**DENTAL RECORD**

Nama KK : .......................................................................................................................  
   
 Nama Pasien : ........................................................................................................................

Jenis Kelamin : ........................................................................................................................

Tempat/ tgl lahir : ........................................................................................................................

Alamat : ........................................................................................................................

Telepone/ Hp : ........................................................................................................................

Pekerjaan : ........................................................................................................................

RIWAYAT MEDIS

1. Golongan Darah : A / B / AB / O Rhesus : +/ -
2. Tekanan Darah : ........ / ......... mmHg Hipertensi / Hypotensi / Normal
3. Penyakit jantung : Ada / Tidak Ada
4. Asma : Ada / Tidak Ada
5. Diabetes : Ada / Tidak Ada
6. Haemophlia : Ada / Tidak Ada
7. Hepatitis : Ada / Tidak Ada
8. Gastritis : Ada / Tidak Ada
9. Penyakit lainnya : .....................................................................................................................
10. Alergi Obat : .....................................................................................................................
11. Alergi Makanan : .....................................................................................................................

Pemeriksaan Ekstra Oral

1. Asimetri Wajah : Simetri / Asimetri
2. Relasi Bibir : Kompeten / Inkompeten
3. Tonus Bibir : Hypotonus / Normal / Hypertonus
4. TMJ : Normal / Ada Kelainan ..........................................................
5. Kelenjar Limfe : Teraba / Teraba Sakit / Tidak Teraba

Komplikasi pada tindakan dental medis sebelumnya :

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Anamnesa :

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**FORMULIR PEMERIKSAAN ODONTOGRAM**

|  |  |  |  |
| --- | --- | --- | --- |
| 11 [51] |  |  | [61] 21 |
| 12 [52] |  |  | [62] 22 |
| 13 [53] |  |  | [63] 23 |
| 14 [54] |  |  | [64] 24 |
| 15 [55] |  |  | [65] 25 |
| 16 |  |  | 26 |
| 17 |  |  | 27 |
| 18 | C:\Users\IBUCOMP\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\IMG_20180119_161600.png |  | 28 |

|  |  |  |  |
| --- | --- | --- | --- |
| 48 |  |  | 38 |
| 47 |  |  | 37 |
| 46 |  |  | 36 |
| 45 [85] |  |  | [75] 35 |
| 44 [84] |  |  | [74] 34 |
| 43 [83] |  |  | [73] 33 |
| 42 [82] |  |  | [72] 32 |
| 41 [81] |  |  | [71] 31 |

**Occlusi : Normal Bite / Cross Bite / Steep Bite**

**Torus Palatinus : Tidak Ada / Kecil / Sedang / Besar / Multiple**

**Torus Mandibularis : Tidak Ada / Sisi Kiri / Sisi Kanan / Kedua sisi**

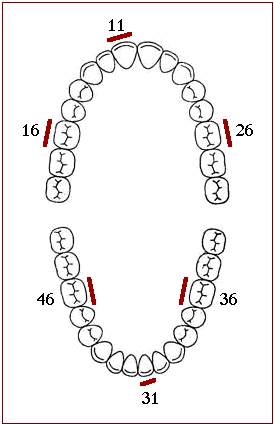
**Palatum : Dalam / Sedang / Rendah**

**Diastema : Tidak Ada / Ada: *(dijelaskan dimana dan berapa lebarnya)* .................**

**Gigi Anomali : Tidak Ada / Ada: *(dijelaskan gigi yang mana ,dan bentuknya)* ............**

**Lain – lain : *(hal-hal yang tidak tercakup diatas)* ........................................................**

**D : ..... M : ..... F : .....**



|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Pemeriksaan gigi yang**  **diperiksa** | **Skor Debris Indeks** | **Skor Kalkulus Indeks** |
| 1. | Bukal gigi 16 |  |  |
| 2. | Bukal gigi 26 |  |  |
| 3. | Lingual gigi 36 |  |  |
| 4. | Lingual gigi 46 |  |  |
| 5. | Labial gigi 11 |  |  |
| 6. | Labial gigi 31 |  |  |

|  |  |
| --- | --- |
| **Tingkat Keparahan** | **Nilai OHI-s** |
| Baik | 0,0 – 1,2 |
| Sedang | 1,3 – 3,0 |
| Buruk | 3,1 – 6,0 |

Debris Indeks =

6

Kalkulus Indeks =

6

Skor OHI-s = +

=

CATATAN PERAWATAN

|  |  |  |  |
| --- | --- | --- | --- |
| **Tanggal** | **Diagnosa** | **Therapy** | **Keterangan** |
|  |  |  |  |