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|---------------------------------|--------|--------|--------|-------|--------|---------|-------|-----------|
| Chief complaint_____ | BW(Kg) | Ht(cm) | BMI | T(oC) | P(BPM) | R(/min) | Time | BP (mmHG) |
| Medical problems (Specify)_____ | 177.00 | 70.00 | 361.22 | 33.00 | 111.00 | 22.00 | 15:04 | 22/22 |
| Other_____ | | | | | | | | |
| | | | | | | | | |

Diagnosis : C = dental caries P = periodontal disease M = missing tooth
Ex = extracted tooth I = impacted/embedded tooth PE = partial erupted tooth
Treatment plan : E = extraction F = filling EN = endodontic treatment
P = periodontal treatment PT = prosthodontic treatment

| | Normal | Abnormal | | Normal | Abnormal | | Normal | Abnormal |
|----------------------|--------------------------|--------------------------|--------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| Face/neck | <input type="checkbox"/> | <input type="checkbox"/> | Tongue | <input type="checkbox"/> | <input type="checkbox"/> | Saliva/Salivary glands and ducts | <input type="checkbox"/> | <input type="checkbox"/> |
| Skin | <input type="checkbox"/> | <input type="checkbox"/> | Floor of the mouth | <input type="checkbox"/> | <input type="checkbox"/> | Frenum attachment/ vestibule | <input type="checkbox"/> | <input type="checkbox"/> |
| Lymph node | <input type="checkbox"/> | <input type="checkbox"/> | Palate | <input type="checkbox"/> | <input type="checkbox"/> | If edentulous max/mand ridges | <input type="checkbox"/> | <input type="checkbox"/> |
| TMJ | <input type="checkbox"/> | <input type="checkbox"/> | Oropharynx | <input type="checkbox"/> | <input type="checkbox"/> | Buccal mucosa | <input type="checkbox"/> | <input type="checkbox"/> |
| Lips | <input type="checkbox"/> | <input type="checkbox"/> | Enamel/Dentin | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Gingiva/periodontium | <input type="checkbox"/> | <input type="checkbox"/> | Alveolar mucosa | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Calculus Occlusion ☐ Absent ☐ Slight ☐ Moderate ☐ Heavy
☐ Class I ☐ Class II ☐ Class III ☐ Other

Oral hygiene ☐ Excellent ☐ Average ☐ Poor

☐ Panoramic ☐ Lat. Ceph. ☐ PA Ceph. ☐ FM ☐ BW _____ ☐ Periapical _____ ☐ Occlusal _____ ☐ Others _____
Findings _____

☐ Primary and Emergency Treatment _____
☐ Oral Prophylaxis _____
☐ Periodontal Treatment ☐ Scaling ☐ Gingivitis Treatment ☐ Adv. Periodontal Treatment _____
☐ Operative Treatment [put C in () for any complicated case]
 ☐ Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V
 ☐ Inlay/onlay _____ ☐ Veneer _____ ☐ Diastema closure _____
 ☐ Bleaching _____

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| | | |

- ห้ามเขียนทับบาร์โค้ด
- 
- 1480646030

Dentist(S) _____ Date 1 ธ.ค. 63
ทพ. สมชาติ เราเจริญพร