

[illegible]

Philhealth File No. _____

File No. _____

(Barangay)

Name: _____

ML

Date of Birth:

Age: _____

Sex: _____

Place of Birth:

Address:

Occupation:

Parent / Guardian:

____ Signature

Medical History: Hypertension () Heart Disease () Diabetes () Bleeder () Allergy () Asthma () Epilepsy ()

Under Medication ()

— Others ()

Oral Health Status

A. Check (✓) if present (x) if absent	Age	Age	Age	Age	Age
Date of Oral Examination					
Dental Caries					
Gingivitis/Periodontal Disease					
Debris					
Calculus					
Abnormal Growth					
Cleft Lip / Palate					
Others (Supernumerary/mesiodens)					
B. Indicate Number					
No. of Permanent Teeth Present					
No. of Permanent Sound Teeth					
No. of Decayed Teeth (D)					
No. of Missing Teeth (M)					
No. of Filled Teeth (F)					
No. of Teeth for Extraction (X)					
No. of DMFX Teeth					
No. of Temporary Teeth Present					
No. of Temporary Sound Teeth					
No. of decayed teeth (d)					
No. of filled teeth (f)					
No. of Teeth for Extraction (x)					
No. of dx teeth					

A Oral Health Condition

Year I - Date

Year II - Date

Year III - Date

Year IV - Date

Year V - Date

Capital letters shall be used for recording the condition of permanent dentition and small letters for the status of temporary dentition.

Permanent		Tooth Condition		Temporary	
Legend:					
Decayed	L	Sound / Sealed	I		
Red	D	Decayed	d		
TF: Red with Blue circle	F	Filled	f		
	M	Missing	e		
	X	Indicated for Extraction	x		
PF: blue	Un	Unrupted	un		
	Sn	Supernumerary Tooth	s		
	JC	Jacket Crown	jc		
	P	Pontic	p		

B Service Monitoring Chart

Date	Sealant / PF / TF / Extraction									

Date	Sealant / PF / TF / Extraction									

Legend:

S	Sealant
PF	Permanent Filling (composite, AM / ART)
TF	Temporary Filling
X	Extracted
O	Others