

DEPARTMENT OF PERIODONTICS

SHORT CASE

Name of Student:

OP No:

Date:

Name:

Age/Sex:

Occupation:

Address:

Income:

CHIEF COMPLAINT

MEDICAL HISTORY

Diabetes/Hypertension/Cardiac Disorder/Rheumatic Fever/Epilepsy/ Bleeding Disorders

Jaundice/ Hepatitis/Asthma/Typhoid/Drug Allergy/Allergic to L.A Injections/Anaemia

Pregnancy/Menstrual Cycle

Others:

FAMILY HISTORY

Diabetes/Blood Dyscrasias/Hypertension/Consanguineous Marriage/

Other:

CLINICAL FINDINGS

DIAGNOSIS:

PROGNOSIS:

INVESTIGATIONS:

RADIOGRAPHS:

TREATMENT PLAN:

TREATMENT DONE: