

# DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY

## CASE HISTORY

**NAME:**

**DATE:**

**AGE/SEX**

**OP.NO:**

**OCCUPATION:**

**RELIGION:**

**ADDRESS:**

**CHIEF COMPLAINT:**

**HISTORY OF PRESENTING ILLNESS:**

**PAST MEDICAL HISTORY:**

**DIABETES:**

**HYPERTENSION:**

**ALLERGY:**

**ASTHMA:**

**ANEMIA:**

**EPILEPSY:**

**CARDIAC COMPLICATION:**

**BLEEDING DISORDER:**

**JAUNDICE:**

**PEPTIC ULCER:**

**GIT PROBLEM:**

**OTHER:**

**PAST SURGICAL HISTORY:**

**PAST DENTAL HISTORY:**

**PERSONAL HABITS:**

**SMOKING:**

**ALCOHOL:**

**PAAN CHEWING:**

**EXAMINATION:**

**GENERAL PHYSICAL EXAMINATION:**

**BUILT:**

**GAIT:**

**NOURISHMENT:**

**BLOOD PRESSURE:**

**PULSE RATE:**

**RESPIRATORY RATE:**

**PALLOR:**

**ICTERUS:**

**CLUBBING:**

**CYANOSIS:**

**PEDEL ODEMA:**

## **LOCAL EXAMINATION:**

### **EXTRA – ORAL:**

- SKIN -
- FACIAL SYMMETRY -
- TMJ -
- MOUTH OPENING -
- DEVIATION OF MANDIBLE -
- LYMPH NODE -
- LIP -
- COMMISURE -

### **INTRA – ORAL:**

#### **1. HARD TISSUE:**

- NUMBER OF TEETHPRESENT -
- MISSING TOOTH -
- DENTAL CARIES -
- ROOT STUMPS -
- FRACTURED TOOTH -
- RETAINEDDECIDUOUS -
- MOBILITY -
- CALCULUS -
- STAINS -
- HARD PALATE -

#### **2. SOFT TISSUE:**

- i. GINGIVA:
  - a) BUCCAL -
  - b) LINGUAL -
- ii. MUCOSA:
  - a) BUCCAL -
  - b) LINGUAL -
- iii. VESTIBULE:
  - a) BUCCAL -
  - b) LINGUAL -
- iv. TONGUE:
  - a) DORSAL -
  - b) VENTRAL -
- v. FLOOR OF THE MOUTH:
- vi. SOFT PALATE:

**PROVISIONAL DIAGNOSIS:**

**DIFFERENTIAL DIAGNOSIS:**

**INVESTIGATIONS:**

**X-RAY –**

**BLOOD –**

**FINAL DIAGNOSIS:**

**TREATMENT PLAN:**

**TREATMENT DONE:**

**MEDICATION PRESCRIBED:**

**SUMMARY:**

**GRADE:**

**SIGNATURE OF STAFF**

**SIGNATURE OF HOD**