A. PERSONAL INFORMATION

2) History of Present Illness:

OP No -

## I. <u>DEMOGRAPHIC DATA:</u>

1)	Patient's name:
2)	Age in years:
3)	Gender:
4)	Place of birth:
5)	Religion / Ethnicity:
6)	Address:
7)	Contact no:
В.	SOCIO ECONOMIC DATA:-
1)	Education:
2)	Occupation:
3)	Per capita income :
	No. of earning member in the family:
	Total income / month:
	Per capita income =
	II. HISTORY
1)	Chief Complaints:

3) Dental history:		2				
4) Medical history:						
1) 1/20mcm =======		:				
5) Family history:	<b></b>					
6) Personal history:						
a) Oral hygiene practices:						
b) Para functional habits:						
c) Tobacco / Alcohol related habits:						
d) Dietary habits:	à					
<ul> <li>Source of drinking water :</li> </ul>						
• Type of Diet:						
SWEET EVALUATION CHART:						
Author:		8	Year:			
FORM			FREQUENCY	POINTS		
Liquids: soft drinks, fruit drinks, cocoa, sugar a nondairy creamers, ice cream, sherbet, flavored custards etc	d yogurt , pudding	5,	XS			
Solid and sticky: cakes, donuts, sweet rolls, pas, banana, cookies, chocolate candy, caramel, tof raisins, jam.	ffee, chewing gun	15,	XIO			
Slow dissolving: hard candies breathe mints, an	tacids, cough dro	ps.	X15			
OTAL SWEET SCORE -	1	NTERPR	LETATION:			

## III. CLINICAL EXAMINATION:

a) Vital signs:
Blood pressure:
Pulse:
Respiratory rate:
b) Posture:
c) Gait:
d) (Clubbing, Cyanosis, Icterus, Pallor):
2) LOCAL EXAMINATION:
A) EXTRA -ORAL:
• Facial Profile:
<ul> <li>Facial Symmetry:</li> </ul>
• TMJ:
Inspection:
Palpation:
• Lymph nodes:
• Lips:
• Skin:
B) <u>INTRA-ORAL:</u>
A. SOFT TISSUES EXAMINATION:
<ul> <li>Gingival findings:</li> </ul>
Color:
Contour:

Consistency:		
Surface texture:		
Position:		
Bleeding on probing:		
<ul> <li>Periodontal findings:</li> </ul>	*	
Pockets:		
Mobility:		
<ul> <li>Mucosal findings:</li> </ul>		
Labial:		
Buccal:		
Vestibular:		
Palate:		
Tongue:		
Floor of mouth:		
Frenal attachments:		•
B. HARD TISSUES EXAMINATION:		
• Type of dentition:	±	
• No. of teeth present:	B	
• Teeth numbering System (FDI):		
• Teeth missing and reason:	*	<b>A</b> 1
• Dental deposits:		
Stains:		
Calculus:		

<ul> <li>Other Positive Finding</li> </ul>	<b>0</b> E	din	Fine	tive	Posi	er	Oth	•
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D. TERTIARY PHASE

## IV) DIAGNOSIS:

A.	Provisional Diagnosis:			
	2.2810313 .			
_	•			
В.	Investigation:			
	•		•	
	•			
C.	Final diagnosis:			
	· ·			
		(A)		
		**		
	IV) COMPREHENSIVE			
	IV) <u>COMPREHENSIVE</u>	IREATMENT PL	AN	
A	Emergency Care:			
***	omergency Care.			
			987	
B.	Primary Level of Prevention:			
				*
				12
_	0			
C.	Secondary Level of Prevention:			
				•
D.	Tertiary Level of Prevention:			
	,		х.	
				,
E.	Recall and Maintenance:			
		TOTATALENT	DONE	
	1) COMPREHENSIVE	IKEAIMEN.	20	120
	A EMERGENCY PHACE			
	B. PRIMARY PHASE		* * * * * * *	