**Department Of Pediatric And Preventive Dentistry**

**Under Graduation**

**Case Sheet**

Name : OP No. :

DOB :

Age/Sex : Religion :

Parent's Occupation: Parent's Income:

Address:

Chief Complaint:

History Of Presenting Illness:

Past Medical History:

Past Dental History:

**Personal History:**

Diet: Veg / Non Veg

Feeding habits: Bottle Fed / Breast Fed

**Oral Hygiene Habits:**

Frequency of brushing :

Brush /Finger /Neem Stick/Others :

Type Of Dentifrice :

**Oral Habits :**

Frequency :

Duration :

**DIET CHART**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Type of Food | Amount of sugar added | Type of sugar |
|  |  |  |  |  |

Number of Sugar Exposures:

Cariogenic / Non-Cariogenic diet :

**General Examination**

Height : Weight :

**Extra Oral Examination :**

Profile :

Face :

TMJ :

Lymph Nodes:

**Intra Oral Examination:**

Soft Tissue Examination:

Hard Tissue Examination:

No Of Teeth Present:

**Teeth Present :**

Decayed Teeth:

Missing Teeth:

Filled Teeth:

DMFT / deft Score :

Occlusal Analysis:

Spacing: Primate/ Interdental/ Diastema/ Generalized

Overjet (mm): Overbite (mm):

Crossbite:

Midline : Normal / Deviated

Canine Relationship:

Molar Relationship:

Primary: Flush Terminal / Mesial Step / Distal Step

Permanent : Class I / II / III

Provisional Diagnosis :

Investigations :

Radiographic Interpretation :

Diagnosis :

Treatment Plan :

Treatment done:

Review & Recall: