**INDIVIDUAL DENTAL HEALTH**

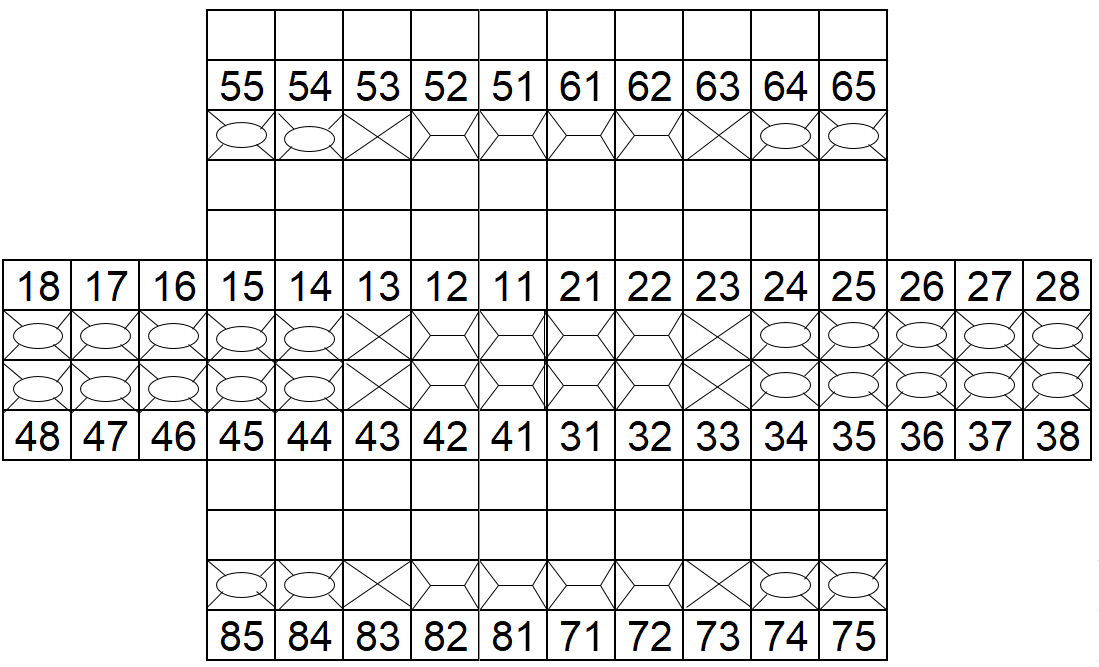
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name Middle Name Surname (mm/dd/yyyy)

Age:\_\_\_\_\_\_\_Sex:\_\_\_\_\_\_\_BirthDate\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(mm/dd/yyyy)

Functional Division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONDITION AND TREATMENT NEEDS

CONDITION

PERMANENT TEETH

CONDITION

TREATMENT NEEDS

LEFT

LEFT

TEMPORARY TEETH

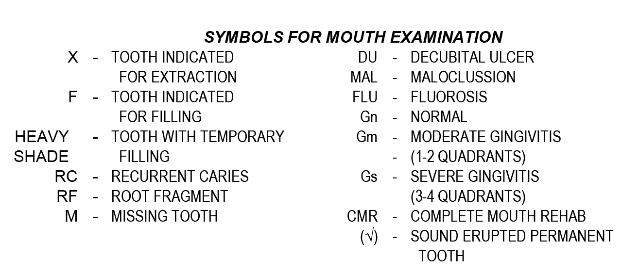
CONDITION

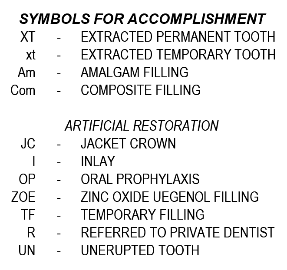
RIGHT

RIGHT

TEMPORARY TEETH

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GINGIVITIS |  |  |  |  |  |  |  |  |
| PERIODONTAL |  |  |  |  |  |  |  |  |
| DISEASE |  |  |  |  |  |  |  |  |
| MALOCCLUSION |  |  |  |  |  |  |  |  |
| SUPERNUMERARY TOOTH |  |  |  |  |  |  |  |  |
| RETAINED DECIDOUS TEETH |  |  |  |  |  |  |  |  |
| DECUBITAL ULCER |  |  |  |  |  |  |  |  |
| CALCULUS |  |  |  |  |  |  |  |  |
| CLEFT PALATE |  |  |  |  |  |  |  |  |
| ROOT FRAGMENT |  |  |  |  |  |  |  |  |
| FLUOROSIS |  |  |  |  |  |  |  |  |
| OTHERS (Specify) |  |  |  |  |  |  |  |  |





|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **YEAR LEVEL** |  |  |  |  |  |  |  | **REMARKS** |
| DATE |  |  |  |  |  |  |  |  |
| EXAMINATION |  |  |  |  |  |  |  |  |
| SEALANT (GI) |  |  |  |  |  |  |  |  |
| PERMANENT FILLING |  |  |  |  |  |  |  |  |
| ART |  |  |  |  |  |  |  |  |
| EXTRACTION |  |  |  |  |  |  |  |  |
| ORAL PROPHYLAXIS |  |  |  |  |  |  |  |  |
| REFERRAL |  |  |  |  |  |  |  |  |
| OTHER ORAL TREATMENT |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **DATE OF VISIT** |  | | | | | |
| TEMPORARY TEETH |  |  |  |  |  |  |
| INDEX D.F.T. |  |  |  |  |  |  |
| NO. T /DECAYED |  |  |  |  |  |  |
| NO. T/ FILLED |  |  |  |  |  |  |
| TOTAL D.F.T. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERMANENT TEETH** |  |  |  |  |  |  |
| INDEX D.F.T. |  |  |  |  |  |  |
| NO. T /DECAYED |  |  |  |  |  |  |
| NO. T/MISSING |  |  |  |  |  |  |
| NO. T/ FILLED |  |  |  |  |  |  |
| TOTAL D.F.T. |  |  |  |  |  |  |
| TOTAL SOUND TEETH |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Remarks/Findings: | | |
| **ANNALIZA T. ARAOJO**  DENTIST III  (Signature Over Printed Name) | PRC: LICENSE: | Date Examined:(mm/dd/yyyy) |